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Maternal and Infant Health: Key Data

Special Report One

DEAR LORD
BE GOOD TO ME
THE SEA IS SO
WIDE AND
MY BOAT IS
SO SMALL

Children's Defense Fund

Maternal and Infant Health: Key Data

Special Report One

Health Division
Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001
March 1990

ACKNOWLEDGMENTS

This report could not have been produced without assistance and contributions by the following people.

- Melva Edmondson, who entered all of the numbers, created all of the charts, and was involved in every stage of production.
- Dana Hughes, who as a consultant to the CDF Health Division, prepared the analysis of vital statistics used in this report.
- Paul Smith, CDF's research director, who designed the computer programs that produced this book, and Janet Simons, who served as a resource on methodological questions.
- Sara Rosenbaum, CDF's Director of Programs and Policies, whose guidance and editorial comments were invaluable.

We also wish to convey our deepest gratitude to Selma Taffel and Stephanie Ventura at the National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services, for providing us with the vital statistics data for the nation and the states that appear throughout this book.

The Ford Foundation provides support for CDF's maternal and health work. The Charles Revson Foundation provides support for all CDF publications.

INTRODUCTION

Comprehensive care during pregnancy and the first year of life is critical to children's long-term health and achievement. Children born to women who receive only delayed or no prenatal care are significantly more likely to be born at low birthweight (weighing less than 5.5 pounds), to die in infancy, and to be disabled for life by preventable causes.

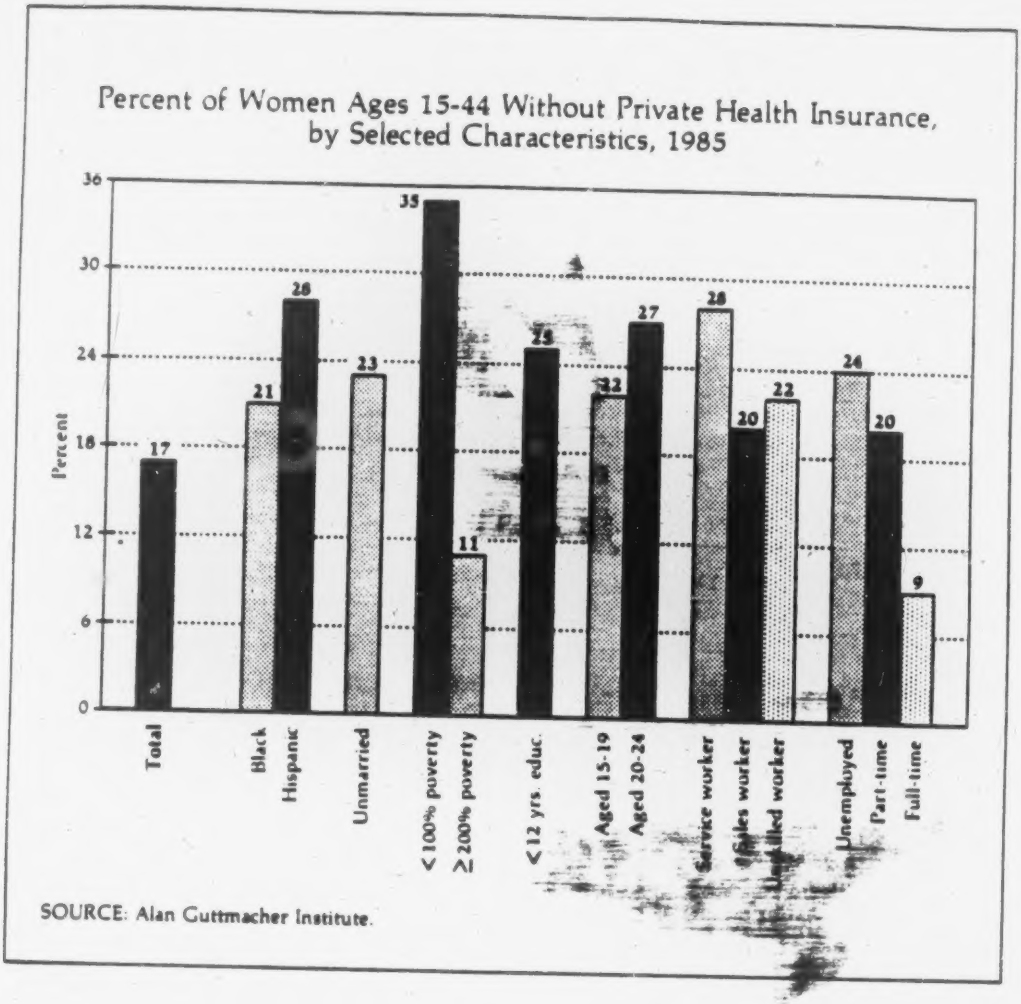
Yet over the past decade the number of Americans who lack the means to pay for necessary health care has grown, and public programs to compensate for the lack of private insurance have stagnated or shrunk. The chief victims of this declining health care picture have been young adults (including young women in their prime childbearing years) and children.

- In 1986 more than 9 million women of childbearing age (15 to 44) and 12 million children were completely uninsured (Figure 1). Another 5 million women with private health insurance were uncovered for maternity care.
- Between 1982 and 1985, more than 1 million American children lost private health insurance coverage. For every child added to Medicaid during the mid-1980s, two lost private, employer-based coverage.

This decline in access to health care has coincided with a significant slowdown in the nation's progress in reducing overall infant mortality (and a virtual halt in progress on black infant mortality), an increase in the proportion of infants born at low birthweight, a dramatic increase in the proportion of births to mothers who received only delayed or no prenatal care, and no improvement in the proportion of infants born to women receiving early care. Virtually all of the decline in the receipt of adequate care has occurred among young mothers--those most likely to have lost health insurance coverage.

This report surveys maternal and infant health indicators for the nation and states for calendar year 1987, the latest year for which final data are available at the nationwide. Individual factsheets present key state statistics. These data show significant problems across both racial lines and geographic regions.

Figure 1.



Percent of Women Ages 15-44 Without Private Health Insurance, by Selected Characteristics, 1985

SOURCE: Alan Guttmacher Institute.

KEY FINDINGS

- The 1987 U.S. infant mortality rate of 10.1 deaths per 1,000 live births declined 2.9 percent from 1986. For white infants the rate declined 3.4 percent from 8.9 to 8.6 deaths per 1000 live births. Among black infants, according to the National Center for Health Statistics of the United States Public Health Service the decline was not statistically significant. The year 1987 was the third in a row that black infant mortality failed to show a statistically significant decline from the preceding year.

- By 1987 the national black/white infant mortality gap (the ratio of black deaths of children younger that one to white infant deaths) was 2.08 to 1--the widest gap since 1940, when race-specific infant mortality data first were collected.

- The overall infant mortality rate in 1987 was higher in the South than in any other region. Nine of the 10 states with the highest rates were southern.

- Infant mortality remains very high in the United States, even in the "best" states. In 1987 the lowest state infant mortality rate, 7.2 per 1000 births in Massachusetts, was higher than the infant mortality rate in Japan.

- Between 1986 and 1987 the proportion of infants born at low birthweight increased nationally from 6.8 percent to 6.9 percent. The 1987 rate represents a return to 1979 levels.

- Infants born at low birthweight are 40 times more likely to die in the first 28 days of life than normal weight infants. Because U.S. low-birthweight rates are so high (in 1988 the U.S. ranked 29th worldwide in the proportion of infants born at low birthweight), the nation's neonatal mortality rate also is high. In 1987 in every state but six (Utah, Montana, Nebraska, North Dakota, South Dakota, and Maine) the neonatal mortality rate alone was higher than Japan's total infant mortality rate for that year.

- The national postneonatal mortality rate (deaths among infants ages 28 days to one year) showed no improvement between 1986 and 1987. The 1987 black postneonatal mortality (6.1 deaths per 1,000 live births) was nearly twice the white rate of 3.1 per 1,000.

- The postneonatal mortality rate is particularly serious among western states. In 1987, seven of the 10 states with the highest postneonatal mortality rates were in the West.

- During 1987 the nation's late or no prenatal care record worsened or failed to improve for the eighth consecutive year. Between 1980 and 1987 the proportion of births to women receiving late or no care increased by 20 percent.

- Neither the nation nor any state will reach the U.S. Surgeon's General's 1990 goal that 90 percent of all women begin receiving prenatal care within the first three months of pregnancy.

INFANT MORTALITY

In 1987, 3,809,394 infants were born and 38,408 babies died before reaching their first birthdays. The overall rate of infant mortality in 1987 was 10.1 deaths per 1,000 live births, slightly down from the 1986 level of 10.4. Among white infants the rate declined by 3.4 percent; however, among black infants for the third year in a row there was no statistically significant improvement.

The overall infant mortality rate includes the deaths of babies of all races and ethnic groups. However, infant mortality rates vary considerably by race. The rate for white infants in 1987 was 8.6 deaths per 1,000 live births, compared with 17.9 among black infants.

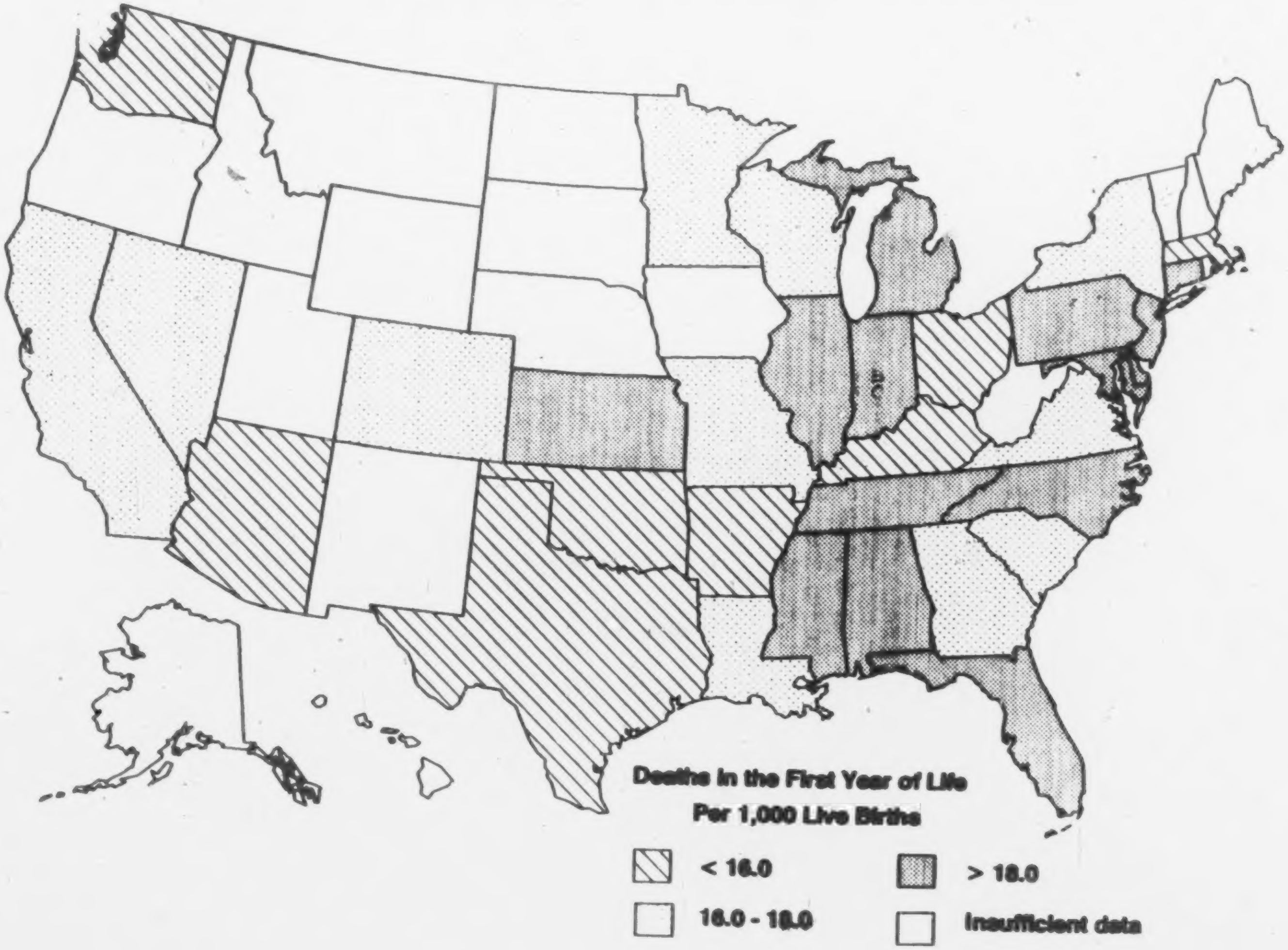
- The black/white infant mortality gap (the ratio of black to white infant deaths) in 1987 was 2.08-to-1 -- the widest gap since 1940.
- Black infant mortality is so high that the highest state white infant mortality rate (Oregon at 10.5 deaths per 1,000 live births) was nearly 20 percent lower than the lowest state infant mortality rate for blacks (Kentucky at 12.8) (Figure 2).
- Five jurisdictions (the District of Columbia, Pennsylvania, Michigan, Illinois, and Delaware) had 1987 black infant mortality rates of at least 20 deaths per 1,000 live births. The national white infant mortality rate has not been that high since 1966.

Infant mortality rates vary widely among states. In 1987 the lowest overall state infant mortality rate (7.2 deaths per 1,000 live births in Massachusetts) was more than 2.5 times the highest rate (19.3 in the District of Columbia).

- **The infant mortality rate of 7.2 in Massachusetts was 44 percent higher than Japan's overall rate of 5.0.**
- **The nation's highest overall infant mortality rates were concentrated in southern states. Of the 10 states with the highest 1987 infant mortality rate (the District of Columbia, Mississippi, South Carolina, Georgia, Alabama, North Carolina, Louisiana, Delaware, Tennessee, and Illinois), nine are located in the South.**

Figure 2

Infant Mortality Rates, By State, Black, 1987


Deaths in the First Year of Life
Per 1,000 Live Births
▨ < 16.0
▒ > 18.0
░ 16.0 - 18.0
☐ Insufficient data

- When only white infant deaths are considered, however, the 10 states with the highest white infant mortality rates were a mixture of both southern and western states (Oregon, Idaho, Georgia, Mississippi, South Carolina, Colorado, West Virginia, Oklahoma, Kentucky, and North Carolina).

Neonatal Mortality

Neonatal mortality measures deaths among infants from birth through the first 27 days of life. The overall neonatal mortality rate in 1987 was 6.5 deaths per 1,000 live births. This represents a 3.0 percent decrease from the 1986 figure of 6.7.

Neonatal mortality is caused primarily by congenital anomalies (commonly referred to as birth defects), low birthweight and prematurity, respiratory distress syndrome (generally a complication of low birthweight and prematurity), maternal complications of labor and delivery, or birth hypoxia and asphyxia. These causes account for about 60 percent of all neonatal deaths.

Improvements in overall infant mortality during the past two decades have occurred largely in the neonatal period. Improved medical technology and well-organized regional perinatal systems (that include transportation of both high-risk mothers and infants) have made possible the survival of infants born at very low birthweight or very prematurely. However, by reducing the incidence of low birthweight and prematurity, improvements in the delivery of timely and appropriate prenatal care could reduce neonatal mortality further, and thus reduce overall infant mortality. Despite technological advancements, neonatal mortality rates remain unacceptably high.

- In every state except Utah, Montana, Nebraska, North Dakota, South Dakota, and Maine, the 1987 neonatal mortality rate was higher than the overall infant mortality rate in Japan.

While the overall neonatal mortality rate declined in 1987, the rate of decline in black neonatal mortality has been substantially slower than the rate of decline for white newborns. As a result, the ratio of black to white infant deaths continues to widen.

- Black infants face considerably greater risks of death than white infants during the neonatal period. In 1987 the black neonatal mortality rate was 11.7 deaths per 1,000 births, more than twice the white rate of 5.5 deaths per 1000.
- The ratio between black and white neonatal mortality rates grew to 2.13-to-1 in 1987, up from 2.02-to-1 in 1986. This represents the widest black/white neonatal mortality gap since 1940, when race-specific neonatal mortality data were first collected.
- The highest state neonatal mortality rate for whites (Georgia at 7.1) was nearly 20 percent lower than the lowest state neonatal mortality rate for blacks (Washington at 8.6).

Like overall infant mortality, the nation's highest overall neonatal mortality rates were concentrated in the South. Of the 10 states with the highest overall neonatal mortality (the District of Columbia, Mississippi, South Carolina, Georgia, Delaware, Alabama, North Carolina, Maryland, Illinois, and Louisiana), all but one are in the southern region.

However, while neonatal mortality among all races was a particular problem in the South, the nation's highest black neonatal mortality rates are not concentrated in any one region of the country.

Postneonatal Mortality

Postneonatal mortality refers to deaths among infants from the twenty-eighth day after birth to the first birthday. The overall postneonatal mortality rate in 1987 was 3.6 deaths per 1,000 live births. There was no improvement in the national postneonatal mortality rate between 1986 and 1987.

The leading causes of postneonatal mortality are somewhat different than those that lead to neonatal mortality; many are considered even more preventable. The five leading causes of postneonatal mortality are Sudden Infant Death Syndrome (SIDS),[1] congenital anomalies, accidents, pneumonia and influenza, and infections. Many of these dangers can be reduced or eliminated through comprehensive primary and preventive pediatric health care.

- Like overall infant mortality, wide disparity exists in postneonatal mortality rates by race. In 1987 the black postneonatal mortality rate of 6.1 deaths per 1,000 live births was nearly twice that for white infants (3.1 per 1,000).

State postneonatal mortality rates show a regional variation that is different from regional neonatal mortality problems. While some of the nation's best neonatal mortality rates are found in the West, in 1987 the nation's worst postneonatal mortality rates were concentrated in the western states.

- Of the 10 states with the highest 1987 postneonatal mortality rates (Montana, South Dakota, the District of Columbia, Mississippi, Oregon, Alaska, Utah, Washington, Nevada, and Arkansas), seven are in the West.
- The geographic distribution of the nation's worst postneonatal mortality rates varies by race just as overall state population patterns vary by race and ethnicity. The worst state postneonatal mortality rates for whites were found in the West, but the worst postneonatal mortality rates for blacks were mostly in the South.

Because the national vital statistics data collection system regularly reports infant deaths only under the racial categories of "white," "all nonwhite," and "black," it is difficult to measure infant morbidity and mortality among specific nonwhite and nonblack groups such as Native Americans or Asian Americans.

However, the data indicate extremely high postneonatal mortality among nonwhite, nonblack populations in several states in which the proportion of black infants is low compared with other nonwhite infants such as Native Americans or Asians.

In many western states the high rates are a reflection of health problems among Native American communities. For example, in South Dakota (where 97 percent of all nonwhite postneonatal deaths were Native American in 1987) the average all nonwhite postneonatal rate for the period 1983-1987 was 12.2 deaths per 1,000. Although the Indian Health Service has proclaimed dramatic health improvements for Native American infants, these statistics from South Dakota seriously undercut these claims.

LOW BIRTHWEIGHT

Infants born too soon or too small are 40 times more likely to die in the first month of life. Three-quarters of neonatal deaths are associated with low birthweight. Even when low birthweight does not lead to death, significant life-long disabilities such as autism, cerebral palsy, autism, vision impairments, or learning disabilities may result. While all the causes of low birthweight are not known, early and continuous prenatal care greatly reduces the risk of low birthweight.

Despite all that is known about reducing low birthweight, the national incidence of low birthweight increased from 6.8 percent in 1986 to 6.9 percent in 1987. The 1987 rate represents the highest recorded since 1979. Despite growing concern over the financial and human costs of low birthweight, 1987 was the third consecutive year in which the incidence of low birthweight increased or stayed the same.

The increase in the incidence of low birthweight in 1987 cut across the racial lines: The proportion of white infants born at low birthweight rose from 5.6 to 5.7 percent while the incidence of black low birthweight increased from 12.5 to 12.7 percent. By 1987 the national ratio of black to white low-birthweight births was 2.23-to-1, tied with 1986 and the widest gap since 1969.

- The disparity in black and white low-birthweight figures varied widely among states. The black/white low-birthweight ratios varied from 1.60-to-1 in West Virginia and 1.70-to-1 in New Mexico to 3.16-to-1 in the District of Columbia and 2.86-to-1 in Minnesota.

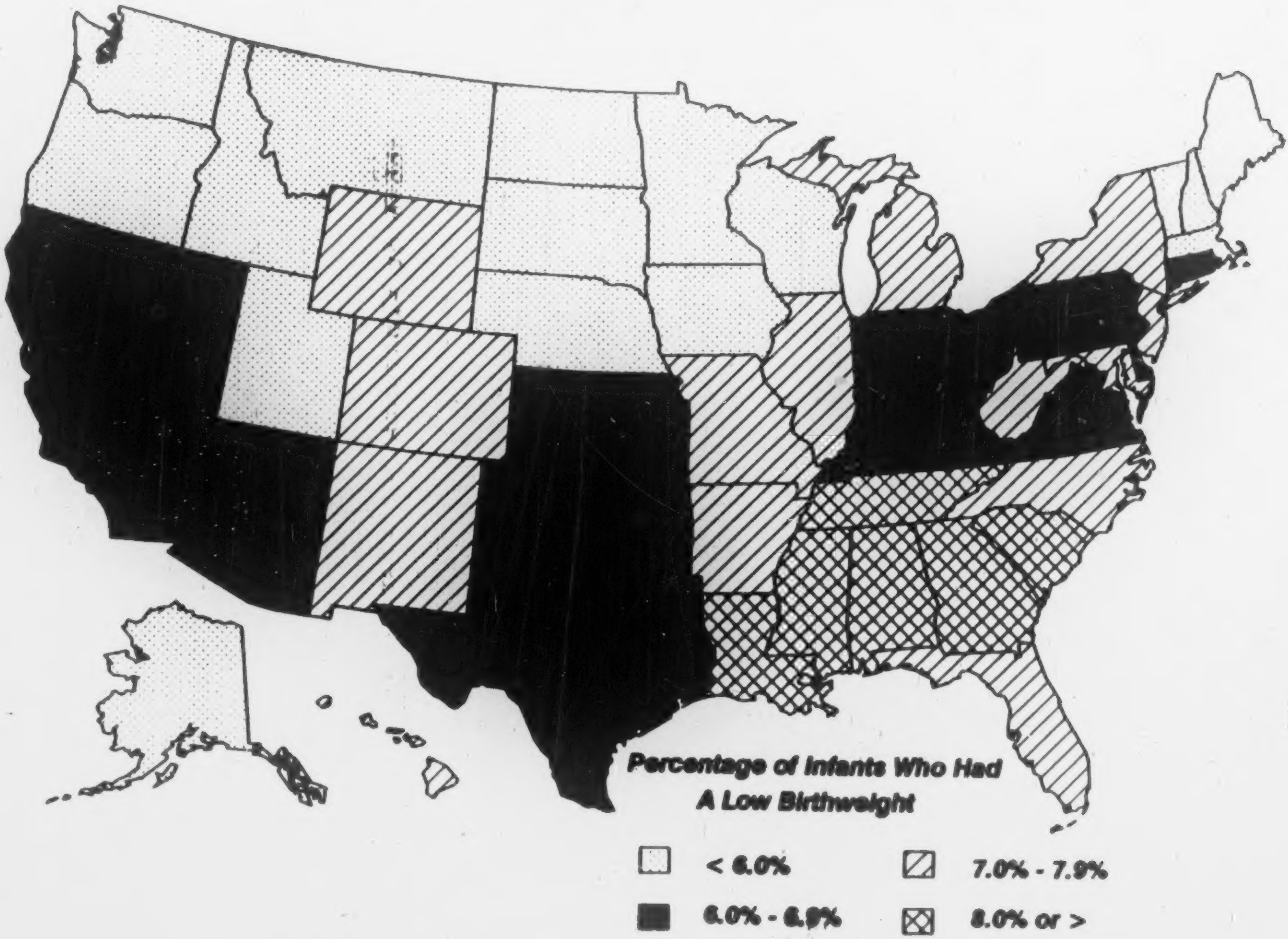
There was considerable variation among states in the incidence of low birthweight in 1987. The State with lowest percentage was Alaska, where 4.8 percent of all infants were born at low birthweight. In the District of Columbia, 13.5 percent of births were at low birthweight.

- The nation's highest incidence of low-birthweight rates was concentrated in southern states. Of the 10 states with the highest proportion of low-birthweight births (the District of Columbia, Mississippi, Louisiana, South Carolina, Georgia, Tennessee, Alabama, Colorado, North Carolina, and Maryland), nine are located in the South (Figure 3).
- The 10 states with the worst percentages of white low birthweight (Wyoming, Colorado, New Mexico, West Virginia, Tennessee, Kentucky, Arkansas, Mississippi, Arizona, and Oklahoma) are either in the South or West.
- The nation's worst low-birthweight figures for blacks were concentrated in northeastern and midwestern states. Of the 10 states with the highest percentages of black infants born at low birthweight (the District of Columbia, Michigan, Colorado, Pennsylvania, Illinois, Tennessee, Minnesota, Florida, New York, and New Jersey), all but three are in the Northeast or Midwest.
- The incidence of low birthweight among all nonwhite infants in 1987 was the lowest in western states. The 10 states with the lowest percentages of nonwhite babies born at low birthweight (Alaska, North Dakota, Idaho, Montana, South Dakota, New Mexico, Arizona, Hawaii, Utah, and Wyoming) are in the West. Unlike most other states, the majority of nonwhite births in these states are made up of Native American and Asian babies, populations at relatively low risk of low birthweight.

It is widely believed that teen births account for the high incidence of low birthweight in the United States. While it is true that infants born to young teen mothers are more likely to be born too small or too soon, babies born to teens do not account for the majority of low-birthweight births. In 1987, when 12.4 percent of all births nationally were to women younger

Figure 3

Low Birthweight, By State, 1987



Percentage of Infants Who Had
A Low Birthweight
< 6.0%
7.0% - 7.9%
6.0% - 6.9%
8.0% or >

than 20, only 16.9 percent of all low-birthweight births were to young mothers. Even in Mississippi, which had the highest percentage of low-birthweight births to teens (25.6 percent), three-fourths of low-birthweight births were to mothers age 20 and older.

PRENATAL CARE

Early Prenatal Care

Every pregnant woman should begin prenatal care within the first three months of pregnancy. Because early and adequate prenatal care is related closely to reduced risk of low birthweight and improved maternal and infant health, it is a key maternal and child health indicator. Prenatal care use also reflects families' insurance status and access to ongoing sources of health care.

In 1978 the U.S. Surgeon General set an objective for the nation that by the year 1990, 90 percent of all pregnant women begin care in the first three months of pregnancy. In 1987 the percentage of babies born to mothers who received early (beginning during the first trimester of pregnancy) prenatal care -- just 76.0 percent -- was below the 1980 level and only a tenth of a point better than the 1979 level. Not only will the nation as a whole fail to meet the U.S. Surgeon General's goal, but all 50 states and the District of Columbia will fail to meet the goal by 1990, based on progress between 1978 and 1987.

- While overall early prenatal care rates improved between 1986 and 1987, the overall improvement masked an erosion of progress for black mothers. Early prenatal care use among black mothers declined from 61.6 percent in 1986 to 61.1 percent in 1987.
- Between 1980 and 1987 early prenatal care use among black mothers declined or else failed to show any improvement in six out of the preceeding seven years.

- The proportion of black infants born to mothers receiving early prenatal care in 1987 was the lowest level recorded since 1979.
- Among white mothers, the proportion who received early care increased from 79.2 percent in 1986 to 79.4 percent in 1987, to equal the 1981 proportion.

Overall, early prenatal care utilization varied widely among the states, from 85.7 percent in Connecticut to 56.4 percent in New Mexico.

- The states with the best early prenatal care patterns in 1987 were concentrated in the Northeast. Of the 10 states with the highest percentages of infants born to mothers who received early prenatal care (Connecticut, Iowa, Rhode Island, Maine, New Hampshire, Wisconsin, Massachusetts, Nebraska, Utah, and North Dakota) half are located in New England.
- While 80 percent or more of white infants were born to mothers receiving early prenatal care in 31 states, early prenatal care among black mothers reached that level in only two states (Hawaii and Montana).

Late and No Prenatal Care

The high proportion of women who receive either no prenatal care or none until after the sixth month of pregnancy represents one of the most serious health problems facing the nation. Not only do the infants face a higher risk of death and disability, but the risk of maternal morbidity and disability, often from preventable causes, also increases substantially. Lack of access to adequate maternity care undoubtedly is a signal of severe health access problems for infants, as well.

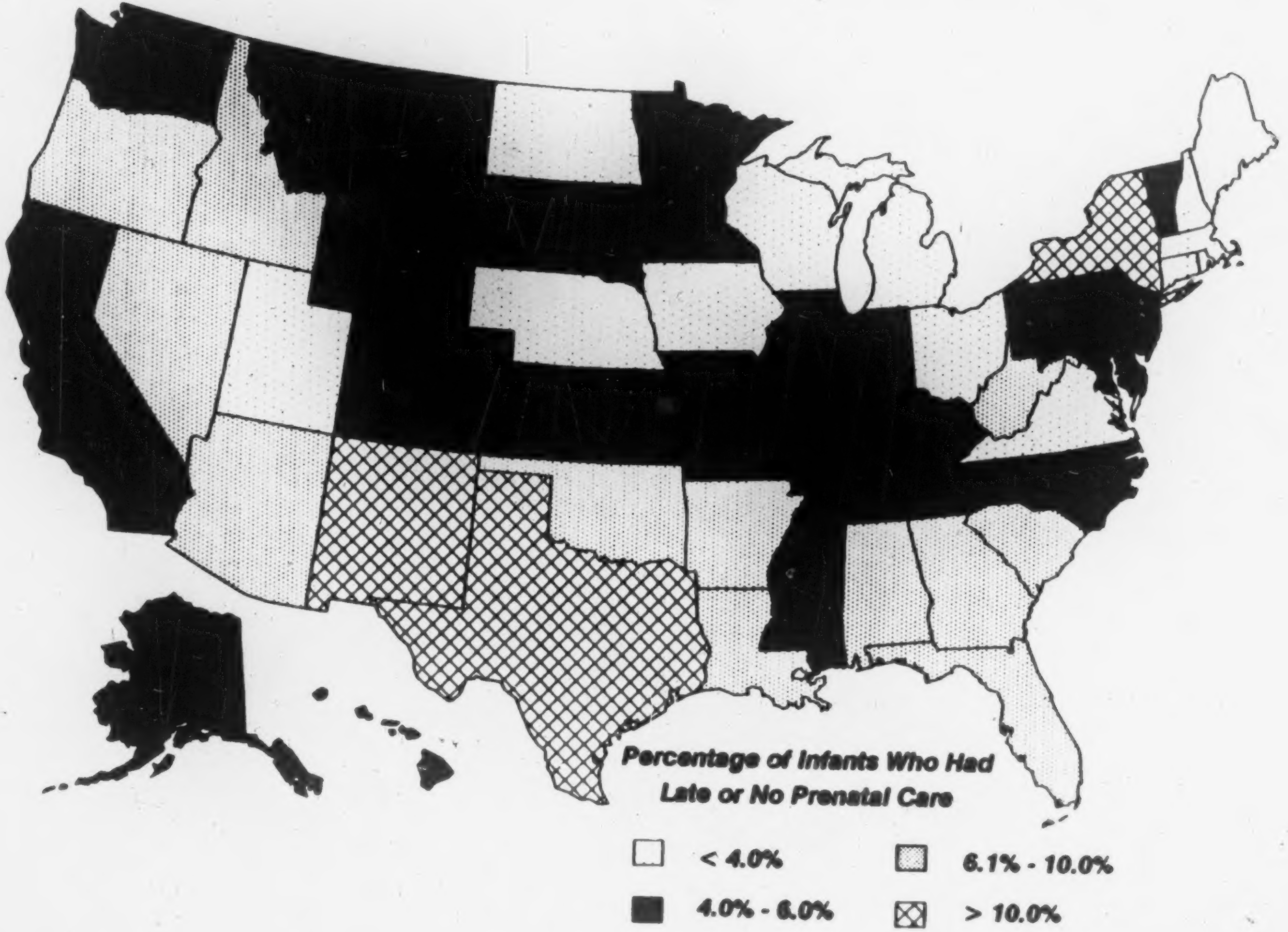
The year 1987 was the eight consecutive year in which the nation's record for late or no prenatal care worsened or failed to improve. The percentage of babies born to mothers who received late care or none at all increased from 6.0 percent in 1986 to 6.1 percent.

Between 1980 and 1987 the proportion of births to women receiving late or no care grew by nearly 20 percent.

- In 1987 one in 20 white women failed to receive any prenatal care or none until the last three months of pregnancy. Between 1986 and 1987, the percentage of white women who received late or no prenatal care also

Figure 4

Late or No Prenatal Care, By State, 1987


Percentage of Infants Who Had
Late or No Prenatal Care
☐ < 4.0%
■ 4.0% - 6.0%
▨ 6.1% - 10.0%
☒ > 10.0%

failed to improve. The proportion of white infants born in 1987 to women receiving late or no prenatal care rested at the highest level since 1975.

- Between 1986 and 1987, the percentage of infants born to black mothers who received late or no prenatal care rose from 10.6 percent to 11.1 percent. Not since 1974 has the black rate of late or no prenatal care been so high.

There are wide variations among states in the percentages of infants born to mothers who received late or no prenatal care (Figure 4). In 1987, 2.6 percent of all babies in Iowa were born to mothers who received late or no care, compared with 14.1 percent of infants in New Mexico. Similarly, late or no prenatal care figures among white mothers range from 2.3 percent in Wisconsin to 13.4 percent in New Mexico.

- The greatest range among states is found in late and no prenatal care to black mothers. In 1987, 3.5 percent of black mothers in Hawaii received late or no care, compared with 21.2 percent in New York.

- Wide disparities also exist within states by race. In Pennsylvania, the percentage of black mothers who received late or no prenatal care was nearly 4.5 times greater than that of white mothers. In New York, black mothers are 2.9 times more likely to receive late or no care than whites.

Adequacy of Prenatal Care

"Early" and "late or no" care indicators only measure the timing of entry into prenatal care. They do not account for the number of prenatal care visits received during pregnancy or the continuity of care. Special indices have been developed to measure prenatal care use that includes both the timing and quantity of care received.

For example, in the Kessner Index[2] for a normal term pregnancy, adequate care is defined as nine or more visits beginning in the first three months of pregnancy. Conversely, care is deemed inadequate if a woman with a normal length pregnancy fails to receive more than four visits or if visits start after the seventh month. It is important to keep in mind that such an index measures only the timing and quantity of care received, not the quality of care.

Use of these measures underscores that, as unacceptable as they are, the early care statistics understate the inadequacy of prenatal care in the United States:

- Overall, in 1987, when 76 percent of infants were born to women who had at least one prenatal care visit in the first trimester of pregnancy, only 68.7 percent of babies were born to mothers who received care that could be considered minimally adequate.
- In 1987, when 6.1 percent of all births were to women who received late or no care, 8.1 percent of all infants were born to mothers who received inadequate prenatal care.

In every state, the percentage of infants born to mothers receiving adequate prenatal care was lower than the percentage of women who received early prenatal care. Many women who seek care early in their pregnancies fail to receive continuous care because they cannot afford the cost of the visits or otherwise are unable to obtain care throughout their pregnancy.

In general, states with the worst records on early prenatal care also had the worst records when the adequacy of care was considered.

- The state with the lowest percentage of mothers who received early care (New Mexico at 56.4 percent) also had the lowest proportion of infants who were born to mothers whose care could be considered adequate (48.8 percent).
- As in the case of early prenatal care, the states with the lowest adequate prenatal care figures tend to be concentrated in the South. Of the 10 states with the lowest adequate care percentages (New Mexico, the District of Columbia, South Carolina, Texas, New York, Arkansas, West Virginia, Vermont, Florida, and Arizona), all but four are in the South.

Statistics on adequacy of care also varied greatly by state.

- The nation's lowest inadequate care state record (Iowa at 3.3 percent) was less than one fourth the nation's highest figure (New Mexico at 15.9 percent).

- An even greater range in the percentages of infants born to mothers who received inadequate prenatal care is found when only black births are considered. In 1987, 5.0 percent of all black mothers received inadequate care in Hawaii, compared with 27.2 percent in New York, more than a five-fold difference.

While there exists a wide disparity in early prenatal care use by race, racial disparities with respect to the adequacy of care are particularly wide. In 1987, 73.2 percent of white infants, compared with 50.7 percent of black infants, were born to mothers whose care could be considered minimally adequate.

- In 14 states (New York, Arkansas, South Carolina, West Virginia, New Mexico, Pennsylvania, Florida, the District of Columbia, Nevada, Illinois, Texas, Oklahoma, Indiana, and Alabama) less than half of all black infants were born to mothers who received adequate prenatal care. In New York barely one-third of black mothers received adequate care.
- In that year, 39 states recorded adequate prenatal care figures for white mothers that were better than the overall national average for all races. Only three states showed adequate care rates better than the national average for black mothers (Hawaii, North Dakota, and Montana). In only one state (New Hampshire) was the rate for nonwhite mothers better than the national average.

BIRTHS TO TEENS AND UNMARRIED MOTHERS

In 1987, 12.4 percent of all births nationwide were to women younger than 20. Of the 472,623 births to teens that year, 302,541 (64.0 percent) were to unmarried women. While the proportion of all births that are to teens generally has declined over the past two decades, the proportion of births to unmarried young women has grown steadily. In 1959 there were 15 births per 1,000 unmarried teens. By 1987, despite a 38 percentage point drop in the teen birth rate, the teenage unmarried birth rate had more than doubled to 34 births per 1,000 unmarried teens.

The proportion of 1987 births to teens in the states ranged from 7.5 percent in Minnesota to 20.1 percent in Mississippi. Nevada had the lowest proportion of teen births that were to unmarried women (43.7 percent), while the District of Columbia, at 95.7 percent, had the highest.

While unmarried childbearing is increasingly common among teens, it is a phenomenon among older women as well. In 1987, 24.5 percent of all U.S. births were to unmarried women. Between 1986 and 1987 the proportion of US births that were to unmarried women increased by 5 percent, after increasing by 6 percent between 1985 and 1986. Between 1970 and 1987 the proportion of U.S. births to unmarried women more than doubled from 10.7 percent to 24.5 percent.

RECOMMENDATIONS

If the nation is to succeed in protecting children's health, there must be a commitment from families, communities, business and government to ensuring health care that is affordable and accessible. The statistics in this report document the need for fundamental change in our health care system. Key recommendations for federal and state level government action are provided here. (To find out more about what you can do, contact the Children's Defense Fund for a copy of the report: Children 1990: A Report Care, Briefing Book and Action Primer.)

Federal Government

Because good health is essential to our nation's productivity and because society has an obligation to ensure that every child achieves their full potential, there should be a uniform health program in the United States which provides health care coverage for all Americans. The United States is not one of 70 nations that includes basic medical care for workers and dependents. The nation stands alone with South Africa among industrialized nations in its failure to provide basic maternal and child health care for all workers and their young children.

In the long term, only a uniform program for at least all pregnant women and children, which includes both adequate insurance coverage and the resources to develop services where they are needed, will solve America's child health problems. Until that commitment can be fulfilled and a national program structured, however, it is essential to protect the poorest children. The following recommendations are designed to fill the gaps left by the patchwork of public health programs.

Expanded Public Coverage for Low Income Families.

- For too long Medicaid has failed in its mission to serve the poor (Figure 5). By 1990 Medicaid coverage should be expanded to cover all poor and near poor families (with incomes below 200 percent of the federal poverty level). By 1996 Medicaid coverage should be extended to all individuals with incomes below 200 percent of poverty

A More Adequate Supply of Providers for Every Medically Underserved Community

- Community and migrant health centers serve one in 10 low income women giving birth each year and millions of children. The 550 existing health centers are able to serve only 6 million of the 33 million medically underserved Americans. By 1992, the program should be expanded so that at least 1,000 clinics are available to individuals in underserved areas.

- The Maternal and Child Health Block Grant program should be fully funded each year to allow for service and care coordination to thousands of additional low income women, children, and youth.

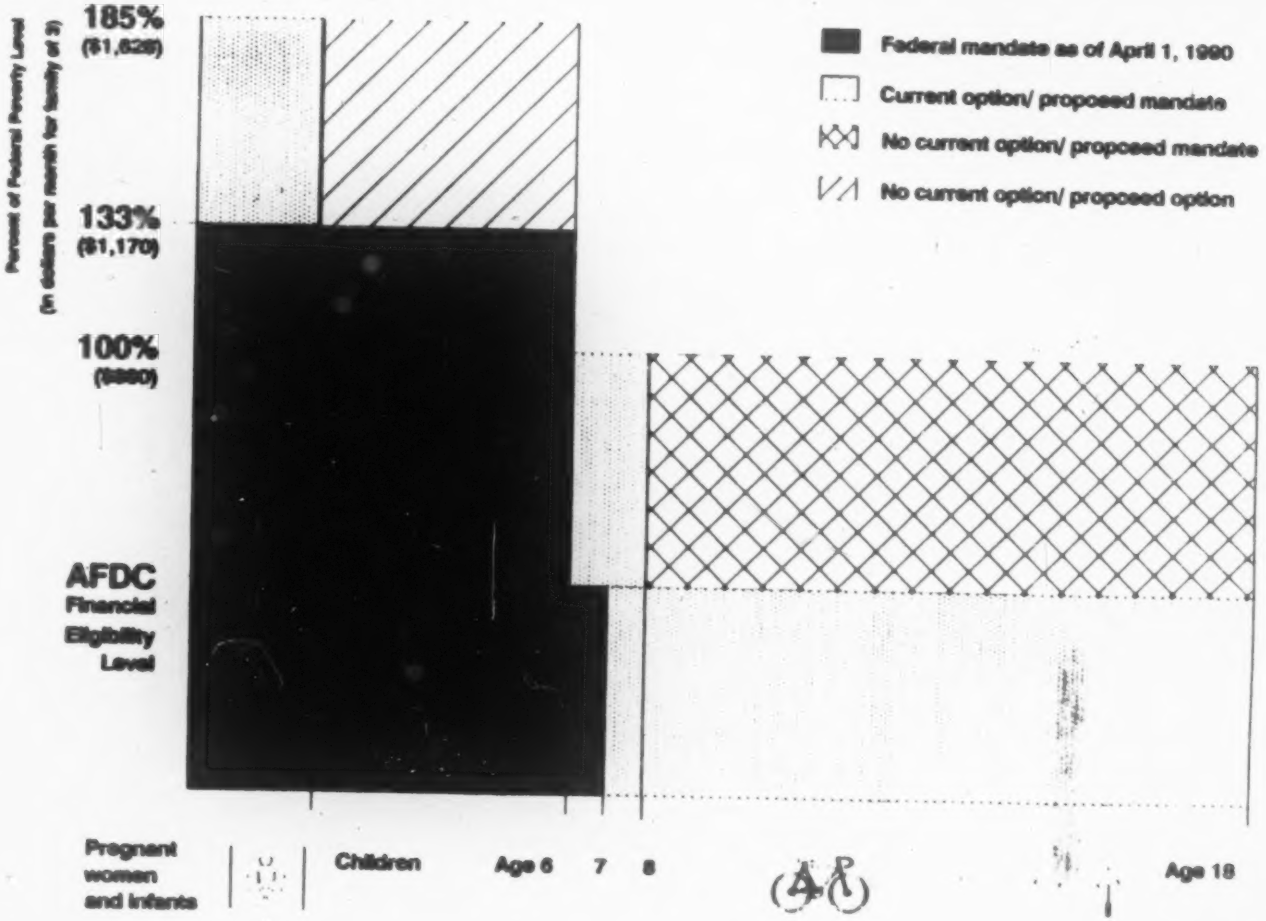
- The National Health Service Corps should be revitalized. By the end of 1990, sufficient funds should be made available to provide scholarships and loan repayments to the same number of physicians, dentists, nurses and other health professionals as in 1988 ([illegible],000).

Improvement and Maintenance of a Basic Public Health System.

- Sufficient funds should be made available for the childhood vaccine program to allow for control of disease outbreaks, dissemination of new vaccines, and outreach to families whose infants and preschoolers now go unprotected. An additional $80 million will be needed in FY 1991 alone to meet this challenge.

Figure 5

MEDICAID COVERAGE OF PREGNANT WOMEN AND CHILDREN



March 1990
Children's Defense Fund

- The WIC program, which serves only about half of the estimated eligible population, should be funded sufficiently to allow nutritional support to all poor and nutritionally at-risk women, infants, and children who apply.

State Government

During the 1980s states gained new influence over health policies. They maintain control over many public health dollars through block grant programs and through control of major decisions in the Medicaid program. Governors and state health officers now have far greater responsibility for decisions regarding statewide health insurance programs, the distribution of publicly-funded services, and the availability of nutritional and other supports. Every state should actively consider:

Expanded Insurance Coverage

- States should enact all federal Medicaid options and implement Medicaid expansions well. This means extending coverage to all pregnant women and infants with incomes below 185 percent of poverty, increasing the supply of providers through improved reimbursement, and providing an adequate benefit package.

- State-funded insurance programs for low-income children and families otherwise ineligible for Medicaid have been enacted in at least six states. In Hawaii, Maine, and Massachusetts, universal coverage is the goal. In Minnesota and Vermont, children are the target. In New Jersey, a universal maternity care program for pregnant women has been proposed. Other states should use these or alternative models to provide coverage for families and children.

A More Adequate [illegible] Providers for Every Medically Underserved Co[illegible]

- States should contribute general funds to support community health centers and local health department's maternal and child health programs.

- In most areas, graduate medical education is supported with state funds. These funds should be used by the state to encourage physicians and other providers to practice in medically underserved areas. Tennessee promotes private physician "homesteading" in underserved areas through financial support in return for service to low-income patients. All states should implement similiar programs.

Improvement and Maintenance of a Basic Public Health System.

- State funds should be used to support childhood immunization activities. State dollars could pay for personnel to administer vaccines and to improve ways to identify and serve culturally and geographically isolated families.
- In virtually every state, the WIC program has a waiting list of women, infants, or children who need food supplements. About one dozen states use their funds to supplement federal WIC dollars. In addition, states have used their purchasing power to secure competitive bids and reduce formula prices. Every state should take these steps.

FOOTNOTES

1. Upon closer examination, many deaths that are labeled as unpreventable SIDS deaths are in fact deaths resulting from injuries, illness, or abuse. See Hoffman et.al., "Risk Factors for SIDS: Results of the National Institute of Child Health and Human Development SIDS Cooperative Epidemiological Study," Annals of the New York Academy of Science, 533:13-30, 1988; and Vedder, "Analysis of SIDS Deaths," [Unpublished paper presented at the 1988 annual meeting of the American Public Health Association].

2. Adequacy of prenatal care data presented in this book are based on a the Kessner Index as modified by the National Center for Health Statistics of the U.S. Department of Health and Human Services. In 1963, Dr. David Kessner and his colleagues developed this index as part of their landmark study for the Institute of Medicine entitled Infant Death: An Analysis by Maternal Risk and Health Care. See also, Kotelchuck, "The Mismeasurement of Prenatal Care Adequacy in the U.S. and a Proposed Alternative Two-Part Index," [Unpublished paper presented at the 1987 meeting of the American Public Health Association].

SOURCES

All of the natality and mortality data appearing in this report are from published and unpublished reports of the National Center for Health Statistics (NCHS). These data are provided to NCHS through the Vital Statistics Cooperative Program, through which states report birth and death certificate information. Readers may obtain further details about states' participation in this program from NCHS, U.S. Department of Health and Human Services (3700 East-West Highway, Hyattsville, MD 20782).

Ranking, rates of progress, and other analyses of vital statistics were conducted by CDF. In calculating rates and percentages, data were excluded if the total number of events was fewer than 30.

Calculations using comparisons with the federal poverty level are based on poverty income guidelines issued in February 1990 (Federal Register, Vol. 55, No. 33, February 16, 1990 at page 5664). For purposes of this report, the poverty level for a family of three has been selected as a standard of comparison, since many of the families receiving public aid consist of a single parent and two children. The same annual poverty guideline is set for the District of Columbia and all but two states. The annual poverty guideline for a three-person family 1990 is $10,560 in the continental United States, $13,200 in Alaska, and $12,150 in Hawaii (monthly levels were $880, $1,100, and $1,013, respectively).

Statistics on the federal Special Supplemental Food Program for Women, Infants, and Children (WIC) are from the Center on Budget and Policy Priorities in Washington, D.C. which uses data from the U.S. Department of Agriculture (USDA) and the U.S. Bureau of the Census.

States' Aid to Families with Dependent Children (AFDC) programs' standard of need and payment level data are from the Congressional Research Service.

Medicaid eligibility levels for the states are based on the AFDC eligibility levels reported by the Congressional Research Service and an ongoing CDF survey of state Medicaid agencies. Medicaid charts reflect changes in eligibility reported before January 1990. Change made through legislative action after this date are not in[illegible]

Alabama

VITAL STATISTICS, 1987

o In 1987, 59,583 infants were born in Alabama.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 727 infants died before their first birthday in Alabama. The state's overall infant mortality rate 12.2 ranked 47th in the nation.

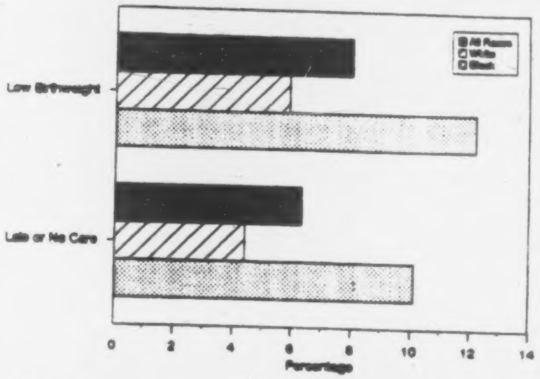
o In that year, the white rate was 8.8 and the black rate was 19.0.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 4,788 or 8.0 percent of babies born in Alabama had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 73.6 percent of all infants and 59.0 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.3 percent of babies in Alabama were born to mothers who received late or no care.

o In that year, 4.4 percent of white infants and 10.1 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Alabama made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 67.6 percent of all mothers in Alabama received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Alabama served only 55.0 percent of eligible women and children in 1989.

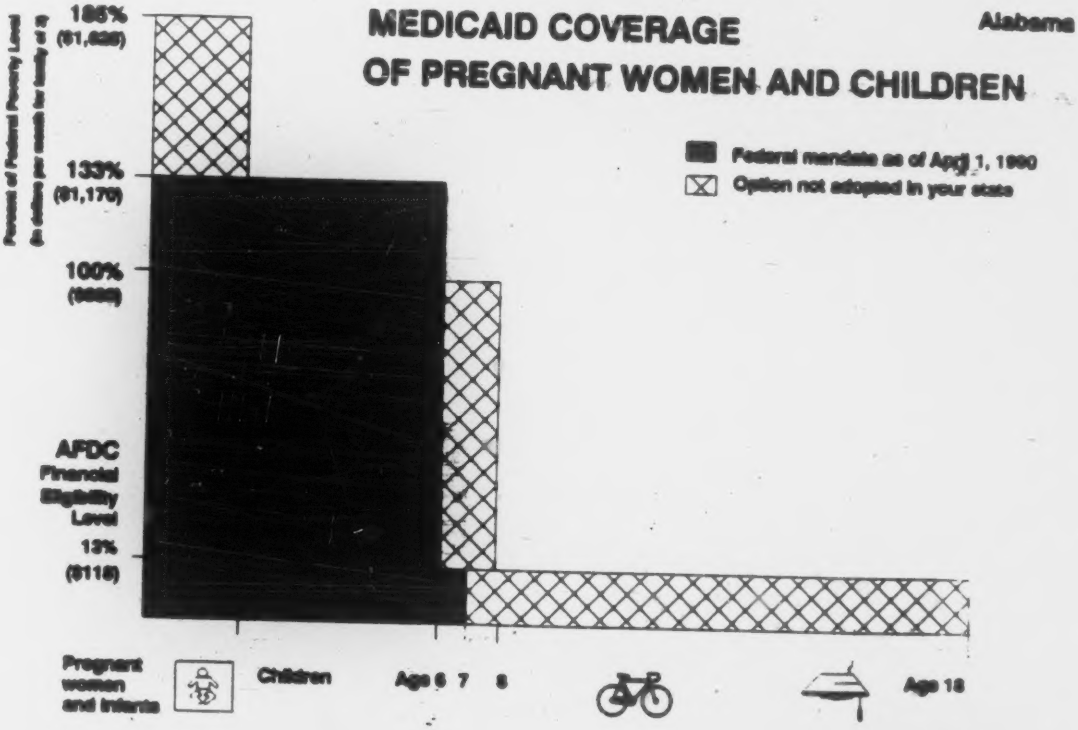
AFDC, the Aid to Families with Dependent Children program, in Alabama sets its monthly cash benefit level at $118, or 13.4 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for ~~a family~~ of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by **Alabama**.



March 1990
Children's Defense Fund

Alaska

VITAL STATISTICS, 1987

o In 1987, 11,677 infants were born in Alaska.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 121 infants died before their first birthday in Alaska. The state's overall infant mortality rate 10.4 ranked 36th in the nation.

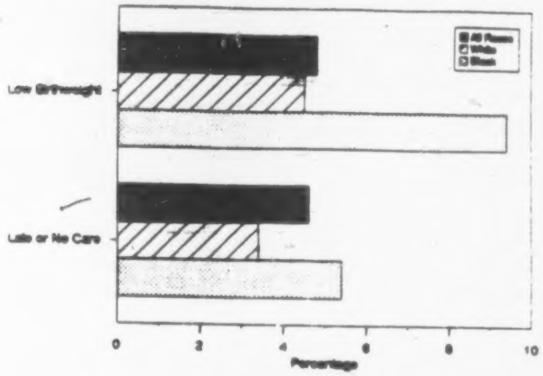
o In that year, the white rate was 8.3.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 564 or 4.8 percent of babies born in Alaska had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 76.4 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.6 percent of babies in Alaska were born to mothers who received late or no care.

o In that year, 3.4 percent of white infants and 5.4 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Alaska made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 66.5 percent of all mothers in Alaska received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Alaska served only 69.3 percent of eligible women and children in 1989.

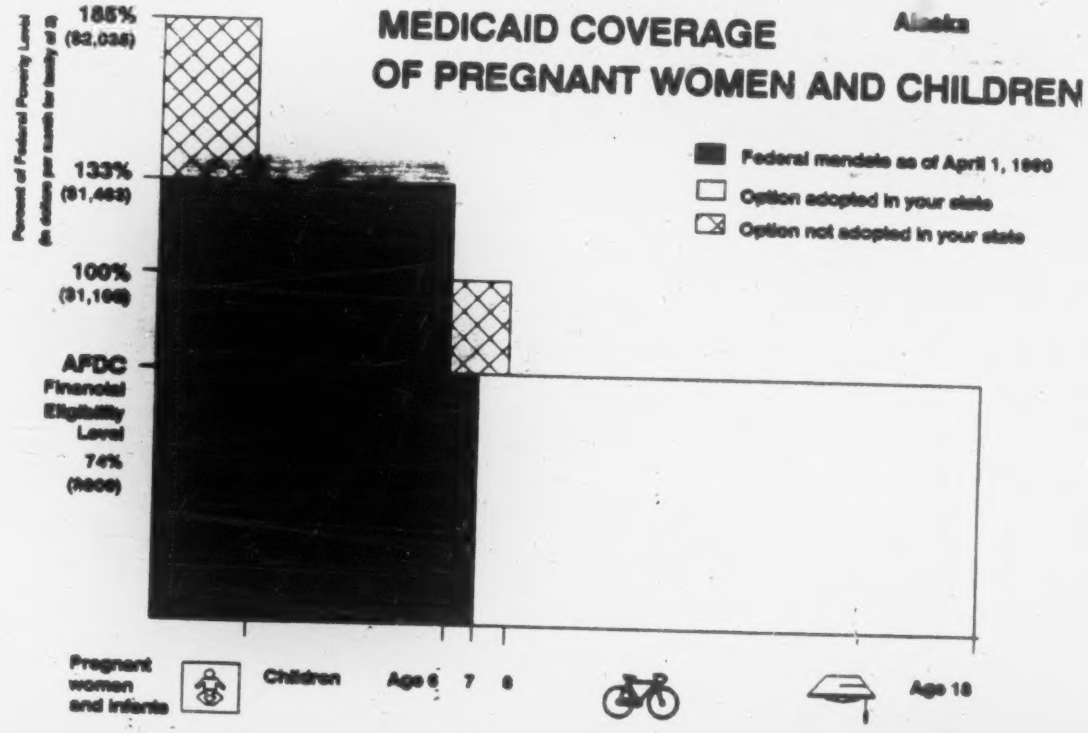
AFDC, the Aid to Families with Dependent Children program, in Alaska sets its monthly cash benefit level at $809, or 73.5 percent of the federal poverty level ($1,100 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,463 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($2,035 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Alaska.



March 1990
Children's Defense Fund

Arizona

VITAL STATISTICS, 1987

o In 1987, 63,369 infants were born in Arizona.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 601 infants died before their first birthday in Arizona. The state's overall infant mortality rate 9.5 ranked 21th in the nation.

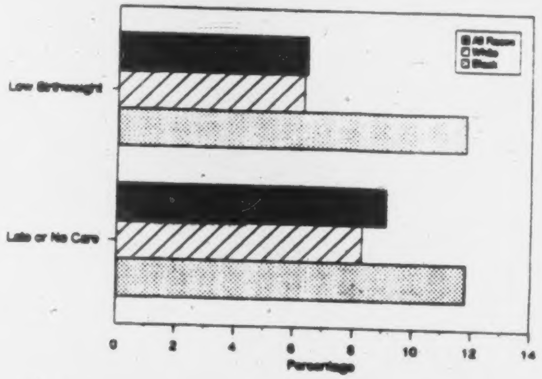
o In that year, the white rate was 8.9 and the black rate was 15.7.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 4,084 or 6.4 percent of babies born in Arizona had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In **1987, only 70.1 percent of all infants and 63.4 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).**



Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o **In 1987, 9.1 percent of babies in Arizona were born to mothers who received late or no care.**

o **In that year, 8.3 percent of white infants and 11.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.**

Between 1978 and 1987, Arizona made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 62.8 percent of all mothers in Arizona received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Arizona served only 54.4 percent of eligible women and children in 1989.

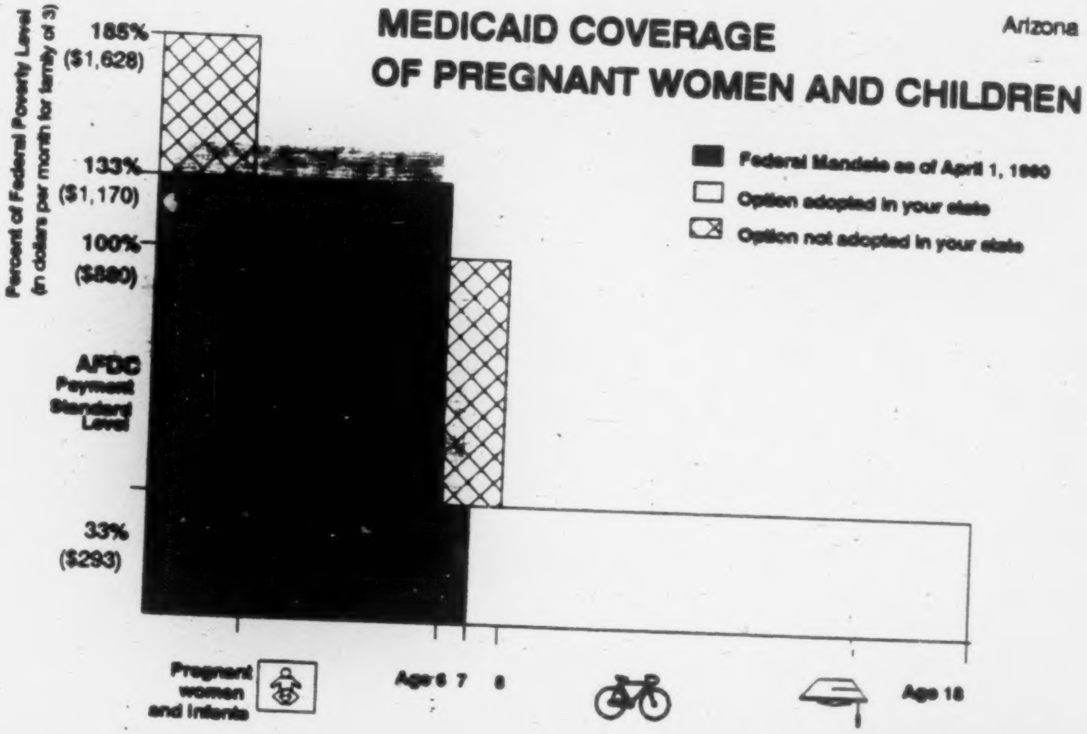
AFDC, the Aid to Families with Dependent Children program, in Arizona sets its monthly cash benefit level at $293, or 33.3 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Arizona.



March 1990
Children's Defense Fund

Arkansas

VITAL STATISTICS, 1987

o In 1987, 34,565 infants were born in Arkansas.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 356 infants died before their first birthday in Arkansas. The state's overall infant mortality rate 10.3 ranked 33th in the nation.

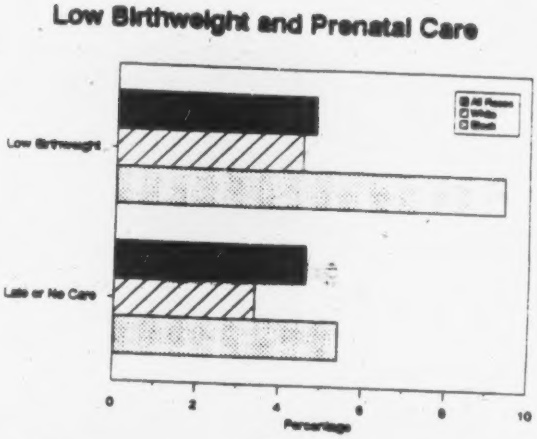
o In that year, the white rate was 8.7 and the black rate was 15.7.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 2,662 or 7.7 percent of babies born in Arkansas had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In **1987**, only 68.6 percent of all **infants** and 50.4 percent of black infants **were** born to mothers who **received** prenatal care early (**beginning** in the first three months of pregnancy).



Late or no prenatal care (no **care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.**

o In 1987, 7.4 **percent** of babies in **Arkansas** were born to mothers who received late or no care.

o **In that year,** 5.5 **percent of white infants and** 13.7 **percent of black infants** were **born without benefit of care before the seventh month of pregnancy.**

Between 1978 **and** 1987, **Arkansas made progress insufficient to allow it to meet the U.S. Surgeon** General's **1990 goal to have 90** percent of **all women begin care** in the **first three months of pregnancy.**

o **In 1987, only** 61.4 percent **of all mothers in Arkansas received care that** could be **considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Arkansas served only 49.5 percent of eligible women and children in 1989.

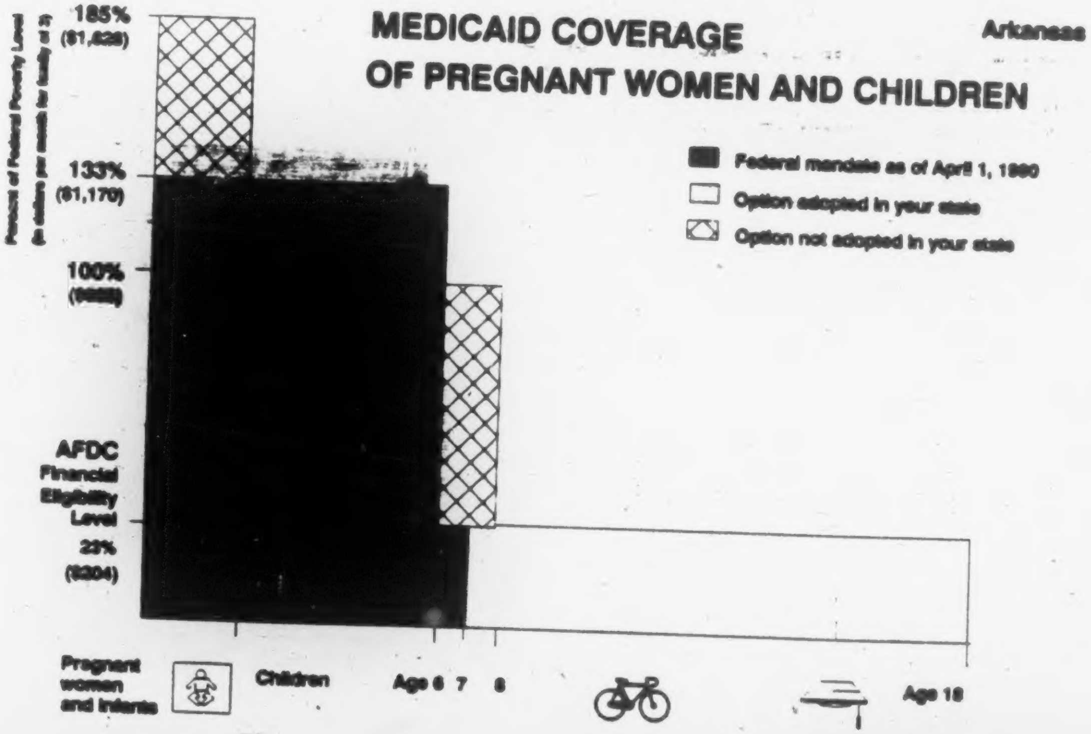
AFDC, the Aid to Families with Dependent Children program, in Arkansas sets its monthly cash benefit level at $204, or 23.2 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Arkansas.



March 1990
Children's Defense Fund

California

VITAL STATISTICS, 1987

o In 1987, 503,413 infants were born in California.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 4,546 infants died before their first birthday in California. The state's overall infant mortality rate 9.0 ranked 14th in the nation.

o In that year, the white rate was 8.7 and the black rate was 16.0.

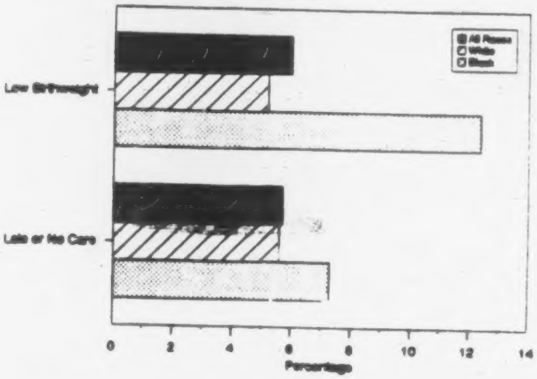
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 30,328 or 6.0 percent of babies born in California had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 75.9 percent of all infants and 69.3 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 5.7 percent of babies in California were born to mothers who received late or no care.

o In that year, 5.6 percent of white infants and 7.3 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, California made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in California served only 62.6 percent of eligible women and children in 1989.

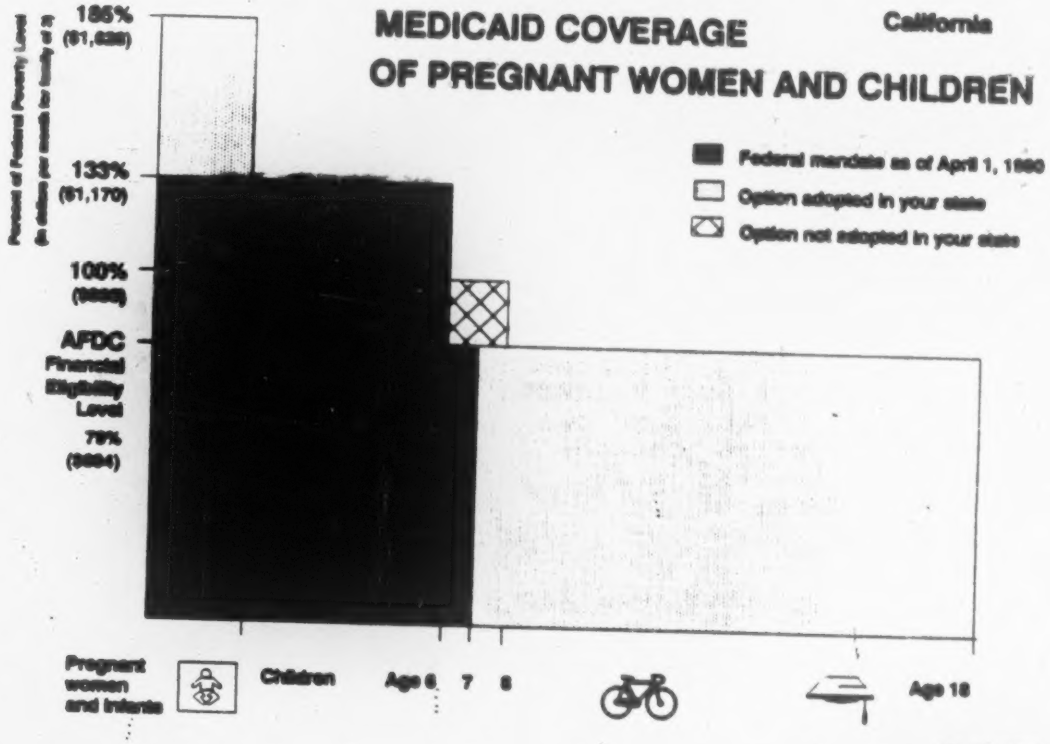
AFDC, the Aid to Families with Dependent Children program, in California sets its monthly cash benefit level at $694, or 78.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by California.



March 1990
Children's Defense Fund

Colorado

VITAL STATISTICS, 1987

o In 1987, 53,808 infants were born in Colorado.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 527 infants died before their first birthday in Colorado. The state's overall infant mortality rate 9.8 ranked 27th in the nation.

o In that year, the white rate was 9.6 and the black rate was 16.4.

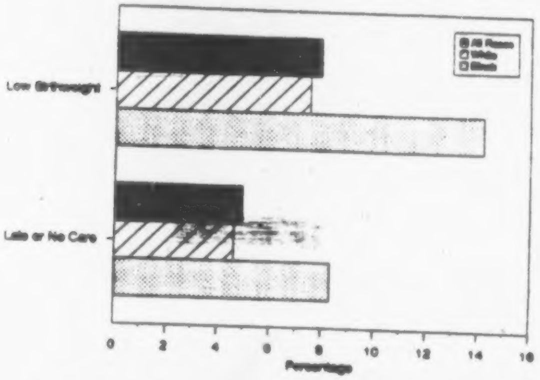
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 4,264 or 7.9 percent of babies born in Colorado had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 77.4 percent of all infants and 65.4 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.9 percent of babies in Colorado were born to mothers who received late or no care.

o In that year, 4.6 percent of white infants and 8.3 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Colorado made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 71.2 percent of all mothers in Colorado received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Colorado served only 55.9 percent of eligible women and children in 1989.

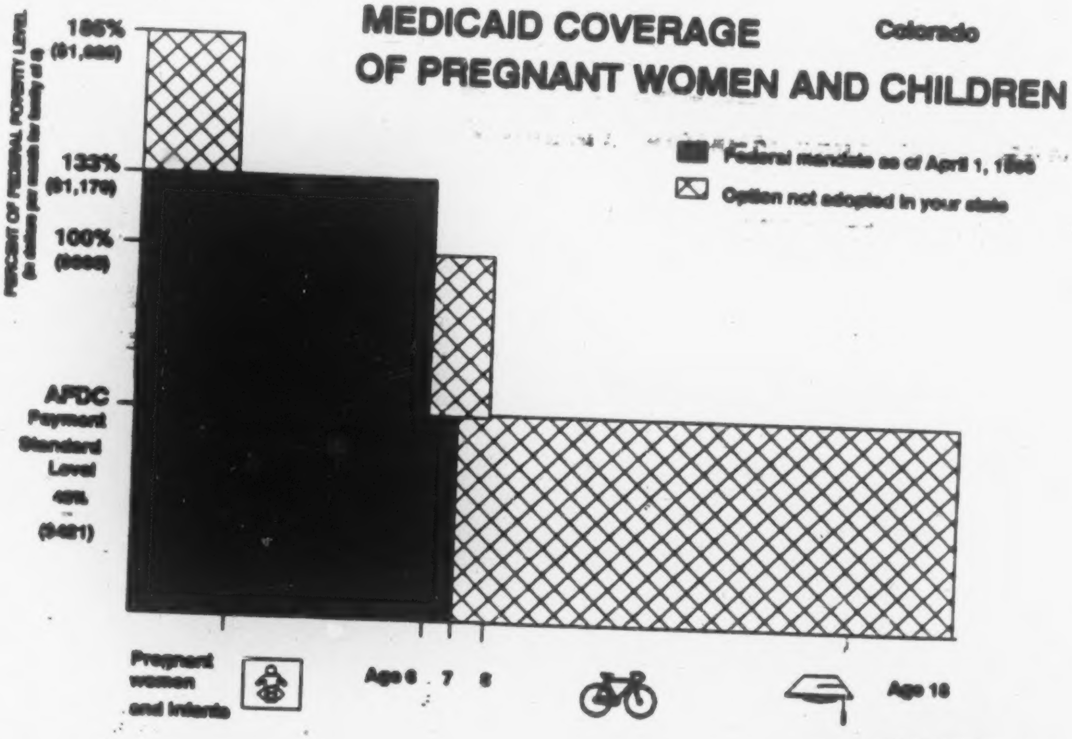
AFDC, the Aid to Families with Dependent Children program, in Colorado sets its monthly cash benefit level at $356, or 40.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Colorado.



March 1990
Children's Defense Fund

Connecticut

VITAL STATISTICS, 1987

o In 1987, 46,941 infants were born in Connecticut.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 411 infants died before their first birthday in Connecticut. The state's overall infant mortality rate 8.8 ranked 11th in the nation.

o In that year, the white rate was 7.3 and the black rate was 19.5.

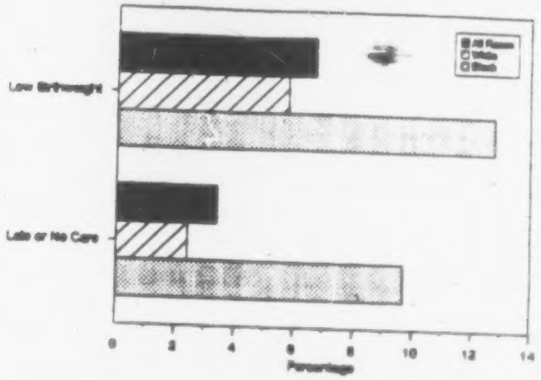
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,125 or 6.7 percent of babies born in Connecticut had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 85.7 percent of all infants and 65.4 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.4 percent of babies in Connecticut were born to mothers who received late or no care.

o In that year, 2.4 percent of white infants and 9.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Connecticut made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 78.3 percent of all mothers in Connecticut received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Connecticut served only 77.8 percent of eligible women and children in 1989.

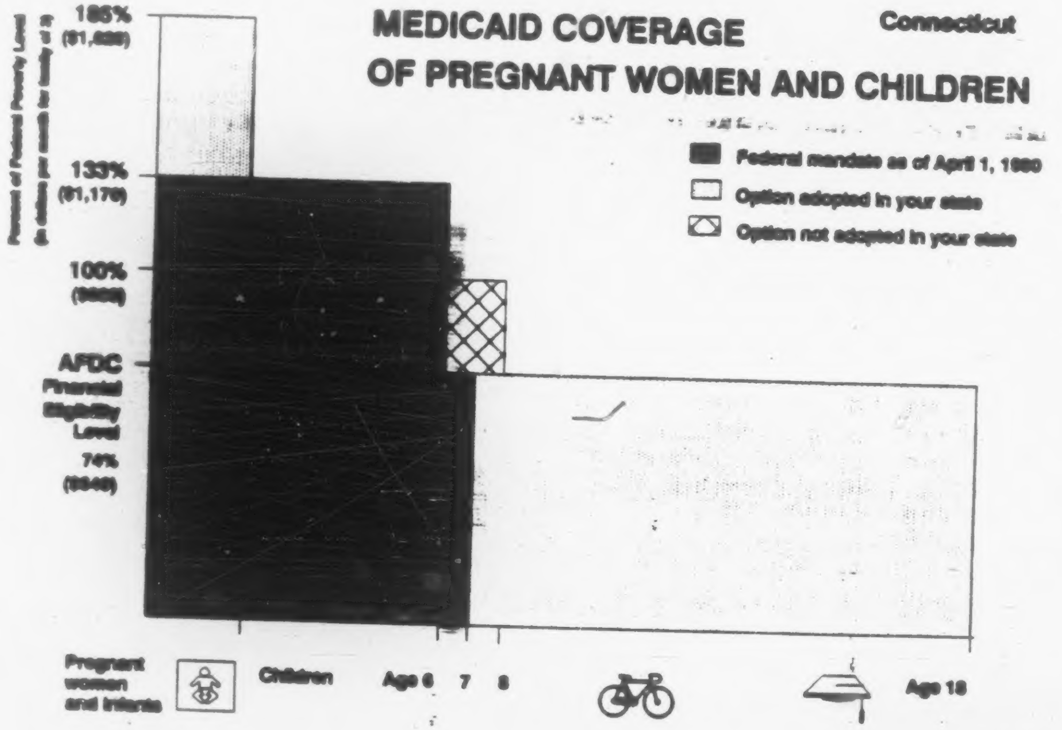
AFDC, the Aid to Families with Dependent Children program, in Connecticut sets its monthly cash benefit level at $649, or 73.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Connecticut.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 9,889 infants were born in Delaware.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 116 infants died before their first birthday in Delaware. The state's overall infant mortality rate 11.7 ranked 44th in the nation.

o In that year, the white rate was 9.4 and the black rate was 20.0.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

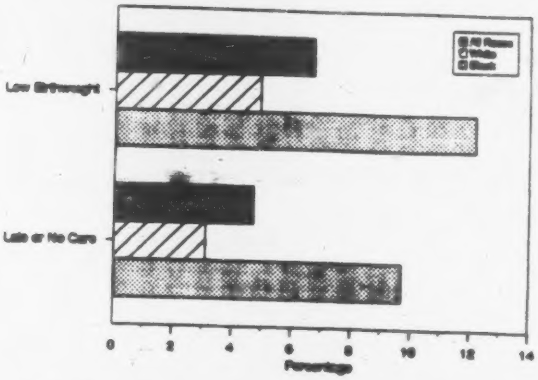
o In 1987, 658 or 6.7 percent of babies born in Delaware had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 77.7 percent of all infants and 60.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Delaware

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.7 percent of babies in Delaware were born to mothers who received late or no care.

o In that year, 3.1 percent of white infants and 9.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Delaware made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 69.9 percent of all mothers in Delaware received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Delaware served only 63.8 percent of eligible women and children in 1989.

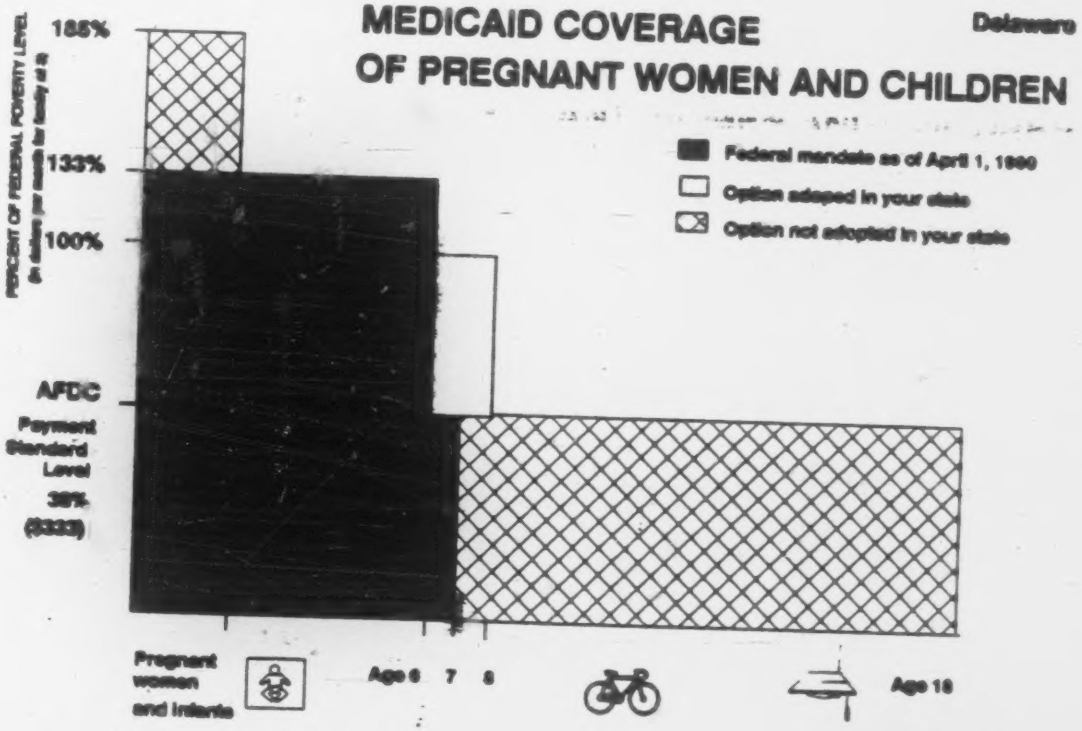
AFDC, the Aid to Families with Dependent Children program, in Delaware sets its monthly cash benefit level at $333, or 37.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Delaware.



March 1990
Children's Defense Fund

District of Columbia

VITAL STATISTICS, 1987

o In 1987, 10,208 infants were born in District of Columbia.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 197 infants died before their first birthday in District of Columbia. The state's overall infant mortality rate 19.3 ranked 51th in the nation.

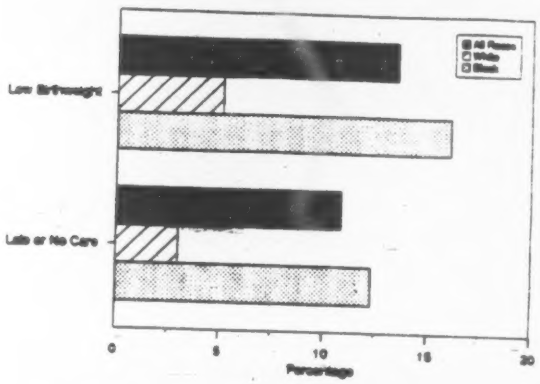
o In that year, the black rate was 22.8.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,380 or 13.5 percent of babies born in District of Columbia had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. **Complete prenatal care costs less than one day in a neonatal intensive care unit.**

o In 1987, only 60.5 percent of all infants and 56.1 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 10.8 percent of babies in District of Columbia were born to mothers who received late or no care.

o In that year, 3.0 percent of white infants and 12.3 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, District of Columbia made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 50.3 percent of all mothers in District of Columbia received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in District of Columbia served only 69.8 percent of eligible women and children in 1989.

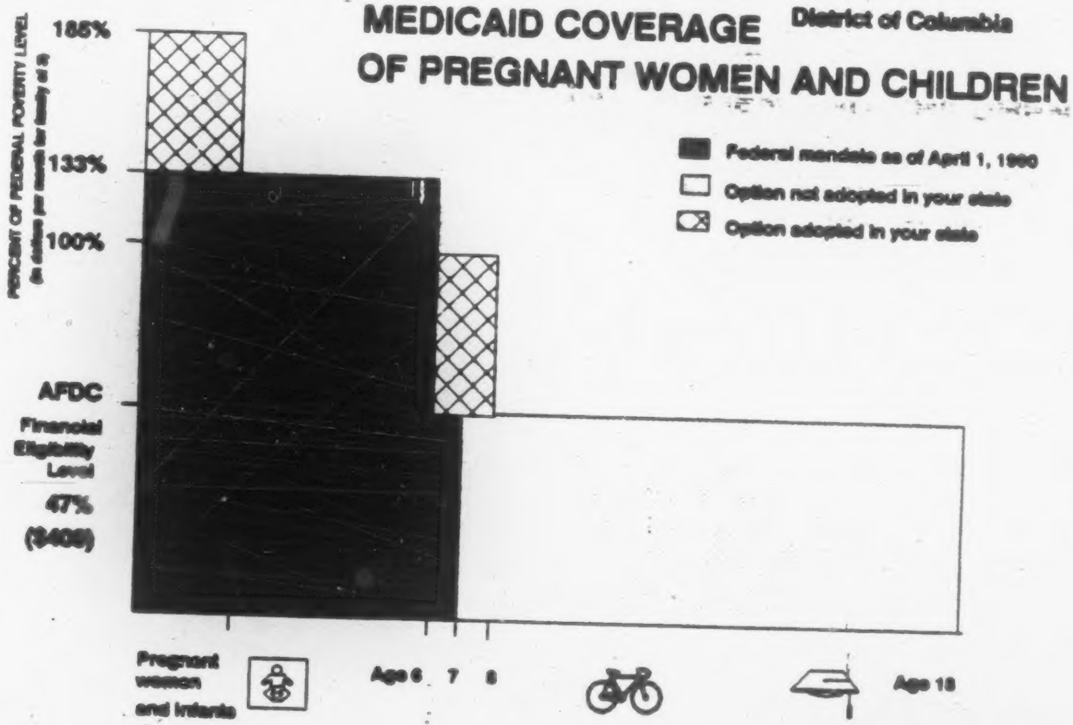
AFDC, the Aid to Families with Dependent Children program, in District of Columbia sets its monthly cash benefit level at $409, or 46.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by District of Columbia.



March 1990
Children's Defense Fund

Florida

VITAL STATISTICS, 1987

o In 1987, 175,144 infants were born in Florida.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,848 infants died before their first birthday in Florida. The state's overall infant mortality rate 10.6 ranked 38th in the nation.

o In that year, the white rate was 8.0 and the black rate was 18.7.

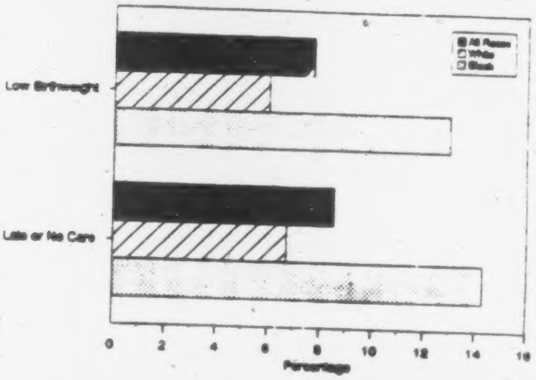
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 13,423 or 7.7 percent of babies born in Florida had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 69.4 percent of all infants and 51.8 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 8.5 percent of babies in Florida were born to mothers who received late or no care.

o In that year, 6.7 percent of white infants and 14.3 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Florida made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 62.8 percent of all mothers in Florida received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Florida served only 61.6 percent of eligible women and children in 1989.

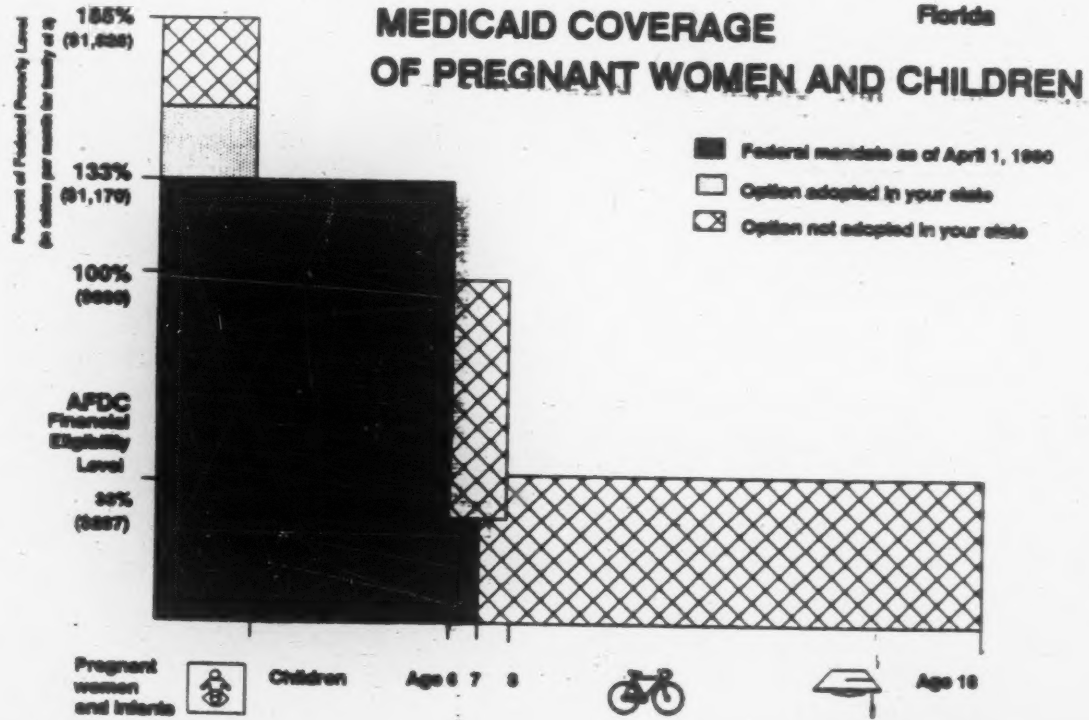
AFDC, the Aid to Families with Dependent Children program, in Florida sets its monthly cash benefit level at $287, or 32.6 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Florida.



March 1990
Children's Defense Fund

Georgia

VITAL STATISTICS, 1987

o In 1987, 102,507 infants were born in Georgia.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,306 infants died before their first birthday in Georgia. The state's overall infant mortality rate 12.7 ranked 48th in the nation.

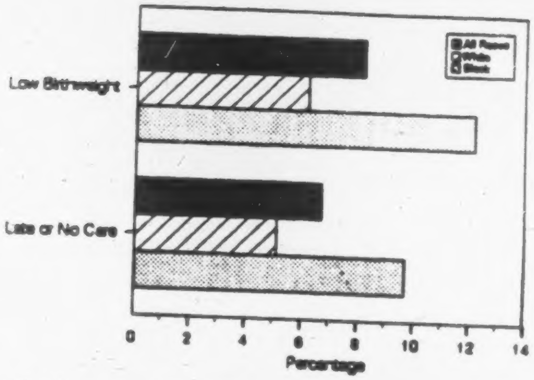
o In that year, the white rate was 10.3 and the black rate was 17.5.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 8,446 or 8.2 percent of babies born in Georgia had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 72.4 percent of all infants and 61.2 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).



Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.7 percent of babies in Georgia were born to mothers who received late or no care.

o In that year, 5.1 percent of white infants and 9.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Georgia made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 66.8 percent of all mothers in Georgia received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Georgia served only 73.8 percent of eligible women and children in 1989.

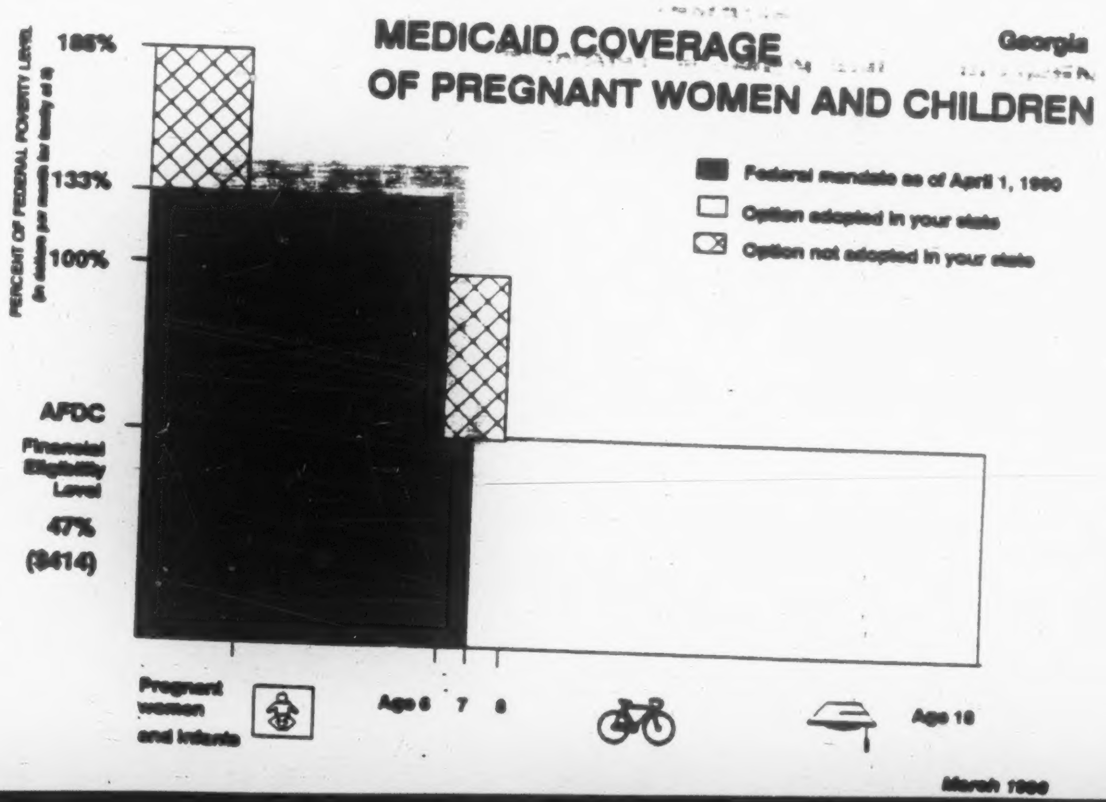
AFDC, the Aid to Families with Dependent Children program, in Georgia sets its monthly cash benefit level at $273, or 31.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Georgia.



VITAL STATISTICS, 1987

- In 1987, 18,604 infants were born in Hawaii.

Infant mortality is an indicator of the health status of the state's population.

- In 1987, 166 infants died before their first birthday in Hawaii. The state's overall infant mortality rate 8.9 ranked 13th in the nation.

- In that year, the white rate was 8.3.

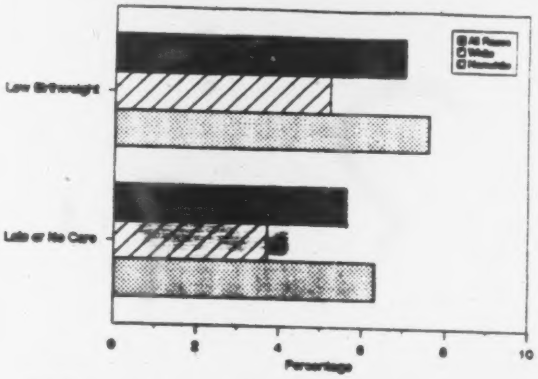
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

- In 1987, 1,306 or 7.0 percent of babies born in Hawaii had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

- **In 1987, only 76.8 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).**

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

- In 1987, 5.6 percent of babies in Hawaii were born to mothers who received late or no care.

- In that year, 3.7 percent of white infants and 3.5 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Hawaii made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

- **In 1987, only 65.8 percent of all mothers in Hawaii received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Hawaii served only 37.2 percent of eligible women and children in 1989.

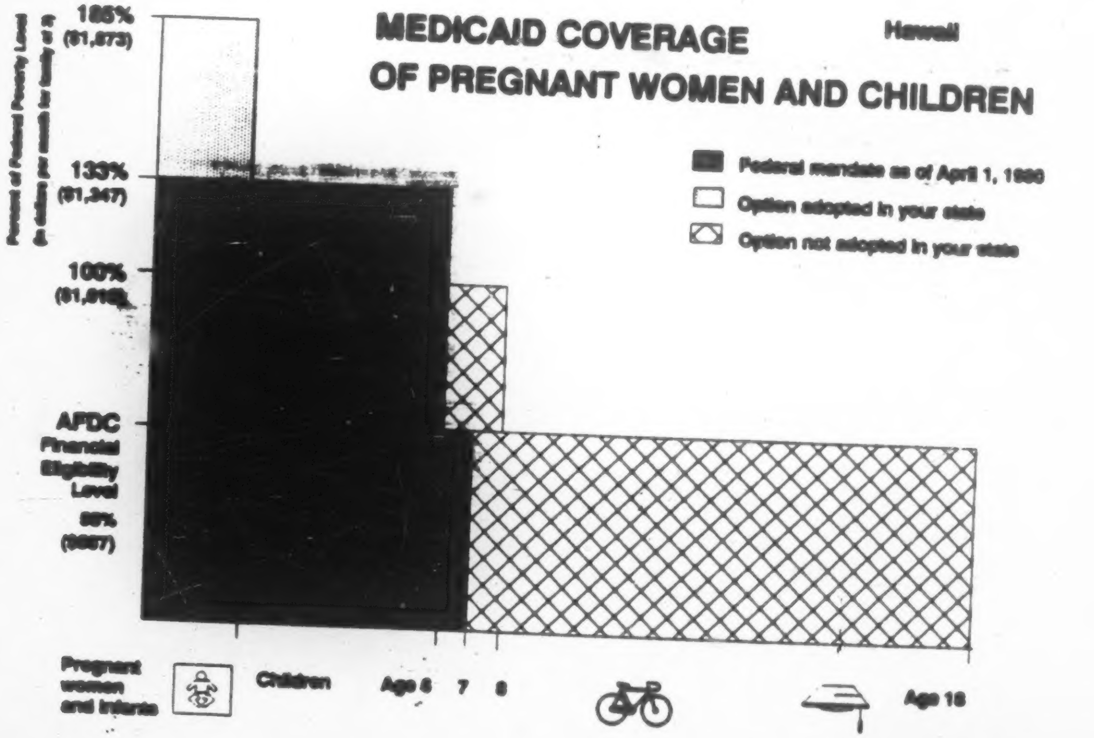
AFDC, the Aid to Families with Dependent Children program, in Hawaii sets its monthly cash benefit level at $557, or 55.0 percent of the federal poverty level ($1,013 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,347 per month for a family of three.)

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,873 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels.)

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Hawaii.



March 1990
Children's Defense Fund

Idaho

VITAL STATISTICS, 1987

o In 1987, 15,932 infants were born in Idaho.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 165 infants died before their first birthday in Idaho. The state's overall infant mortality rate 10.4 ranked 34th in the nation.

o In that year, the white rate was 10.4.

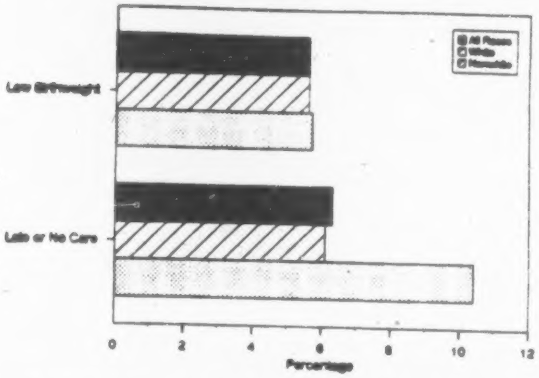
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 893 or 5.6 percent of babies born in Idaho had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 74.[illegible] percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.3 percent of babies in Idaho were born to mothers who received late or no care.

o In that year, 6.1 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Idaho made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 68.5 percent of all mothers in Idaho received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Idaho served only 39.0 percent of eligible women and children in 1989.

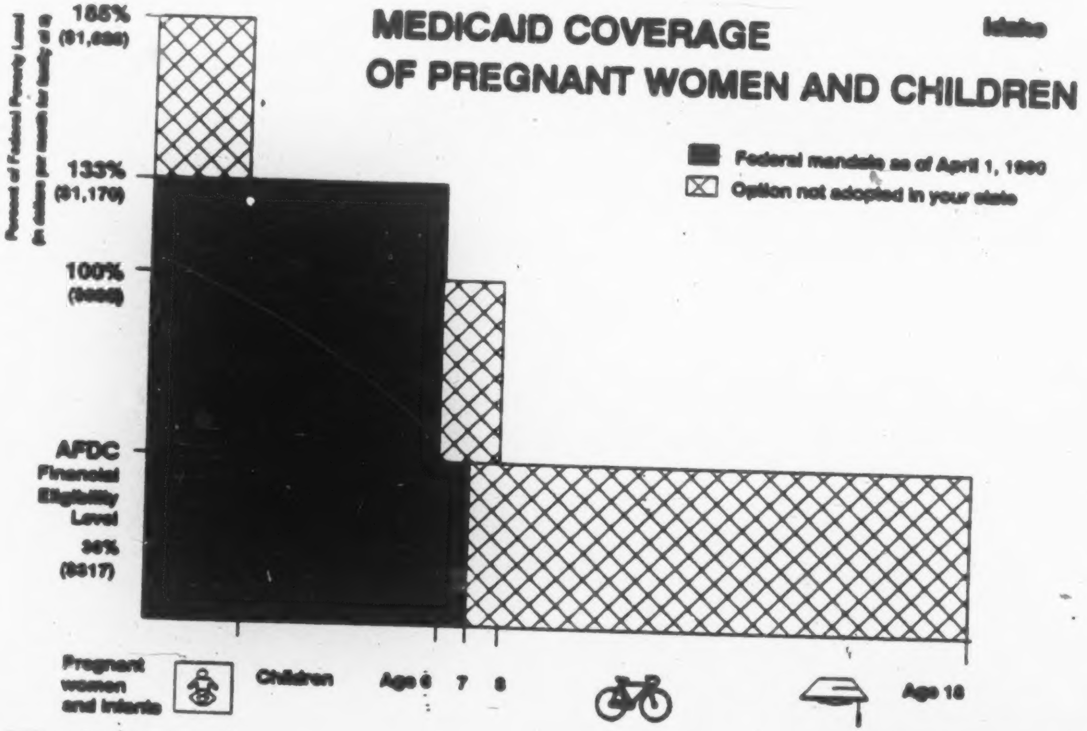
AFDC, the Aid to Families with Dependent Children program, in Idaho sets its monthly cash benefit level at $317, or 36.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Idaho.



March 1990
Children's Defense Fund

Illinois

VITAL STATISTICS, 1987

o In 1987, 180,680 infants were born in Illinois.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 2,102 infants died before their first birthday in Illinois. The state's overall infant mortality rate 11.6 ranked 42th in the nation.

o In that year, the white rate was 9.2 and the black rate was 20.6.

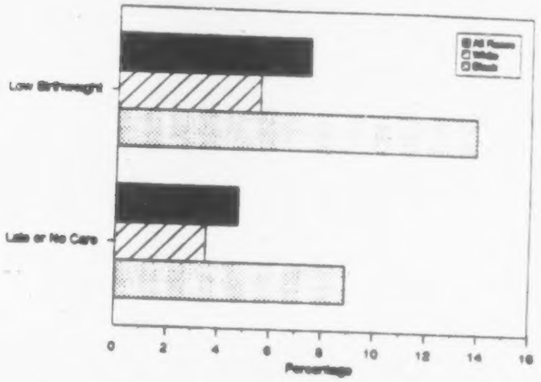
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 13,370 or 7.4 percent of babies born in Illinois had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 78.5 percent of all infants and 64.4 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.7 percent of babies in Illinois were born to mothers who received late or no care.

o In that year, 3.5 percent of white infants and 8.9 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Illinois made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 68.8 percent of all mothers in Illinois received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Illinois served only 59.5 percent of eligible women and children in 1989.

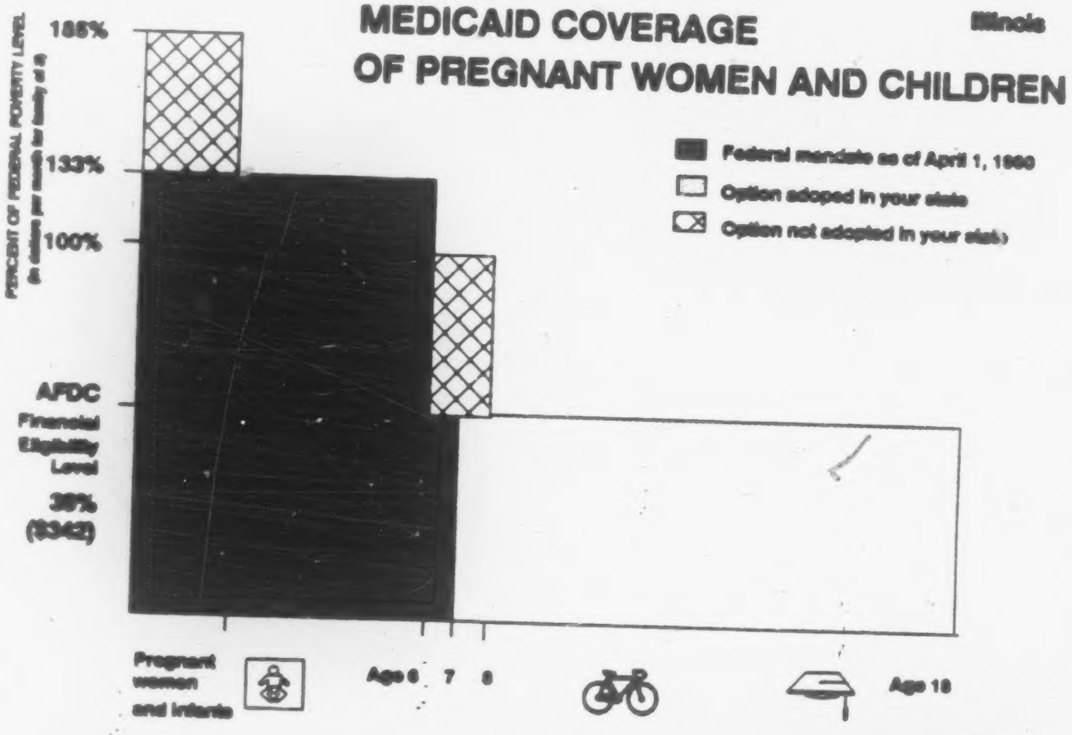
AFDC, the Aid to Families with Dependent Children program, in Illinois sets its monthly cash benefit level at $342, or 38.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Illinois.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

- In 1987, 78,566 infants were born in Indiana.

Infant mortality is an indicator of the health status of the state's population.

- In 1987, 790 infants died before their first birthday in Indiana. The state's overall infant mortality rate 10.1 ranked 30th in the nation.

- In that year, the white rate was 9.0 and the black rate was 19.4.

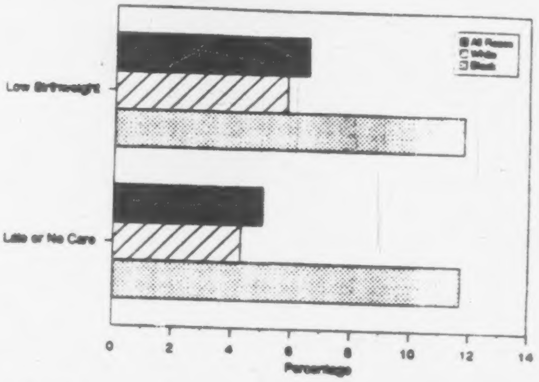
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

- In 1987, 5,088 or 6.5 percent of babies born in Indiana had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight and save $3 for [illegible] invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

- In 1987, only [illegible]7.9 percent of all infants and 57.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

- In 1987, 5.0 percent of babies in Indiana were born to mothers who received late or no care.

- In that year, 4.3 percent of white infants and 11.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Indiana made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

- In 1987, only 72.0 percent of all mothers in Indiana received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Indiana served only 59.1 percent of eligible women and children in 1989.

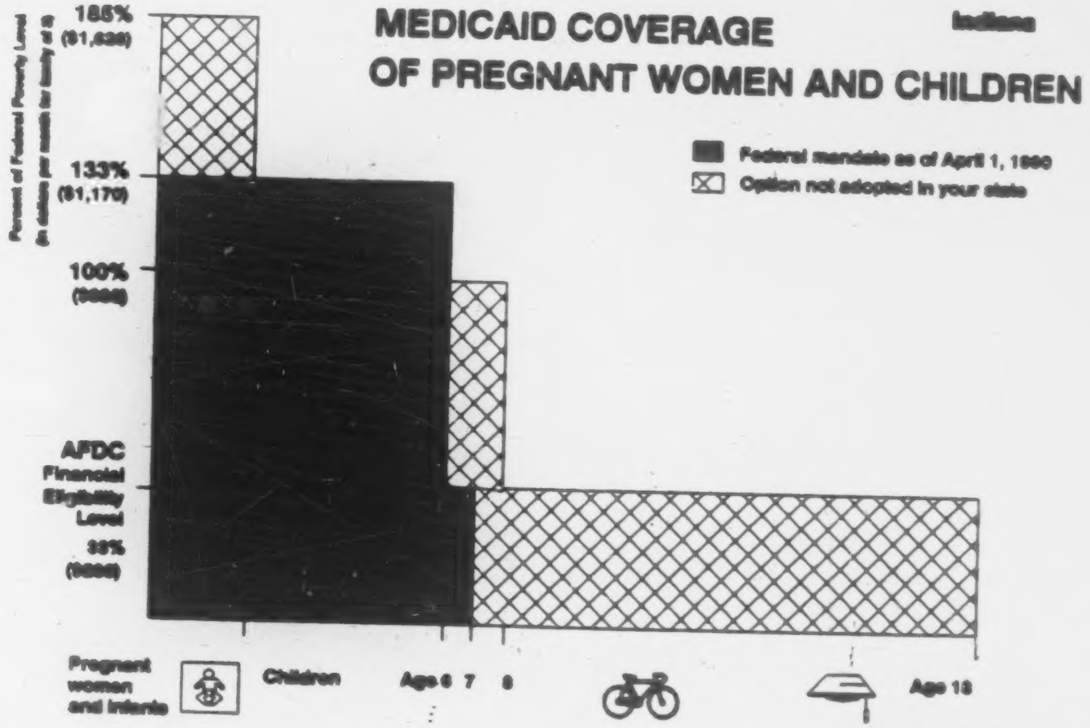
AFDC, the Aid to Families with Dependent Children program, in Indiana sets its monthly cash benefit level at $288, or 32.7 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Indiana.



March 1990
Children's Defense Fund

Iowa

VITAL STATISTICS, 1987

o In 1987 37,898 infants were born in Iowa.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 343 infants died before their first birthday in Iowa. The state's overall infant mortality rate 9.1 ranked 15th in the nation.

o In that year, the white rate was 8.8.

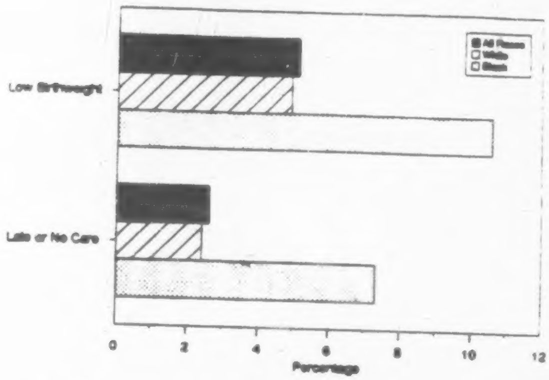
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,933 or 5.1 percent of babies born in Iowa had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only [illegible].4 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 2.6 percent of babies in Iowa were born to mothers who received late or no care.

o In that year, 2.4 percent of white infants and 7.3 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Iowa made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 80.6 percent of all **mothers** in Iowa received care that could be considered even **minimally** adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Iowa served only 54.3 percent of eligible women and children in 1989.

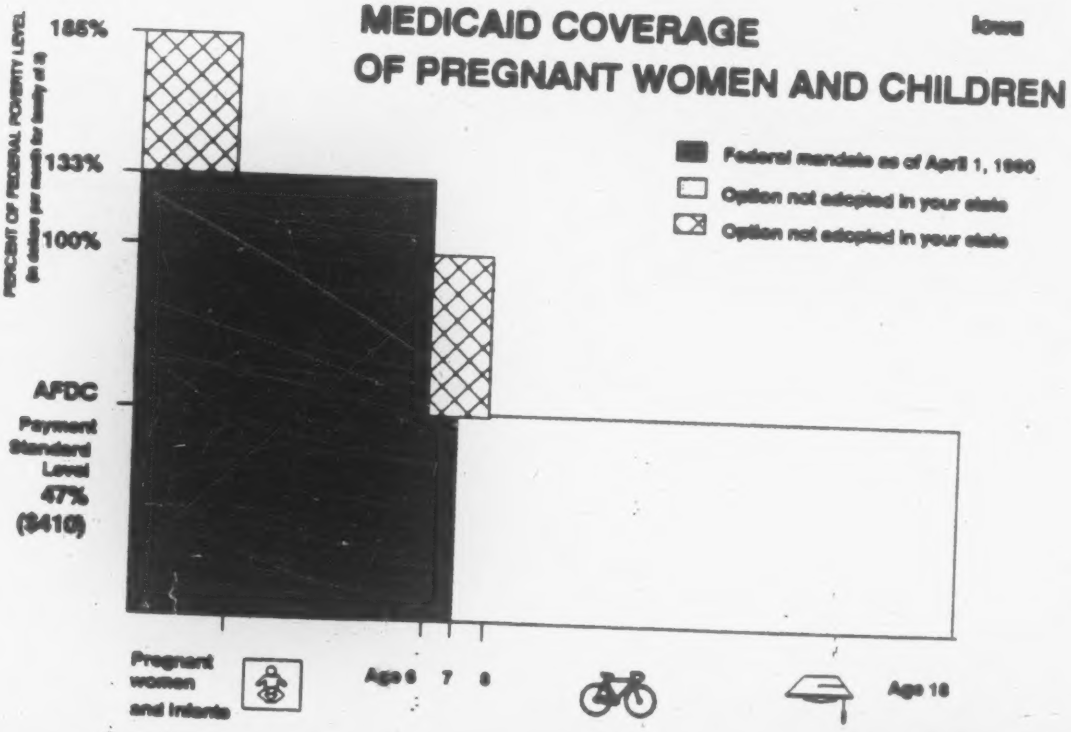
AFDC, the Aid to Families with Dependent Children program, in Iowa sets its monthly cash benefit level at $410, or 46.6 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Iowa.



March 1990
Children's Defense Fund

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in New Mexico served only 43.3 percent of eligible women and children in 1989.

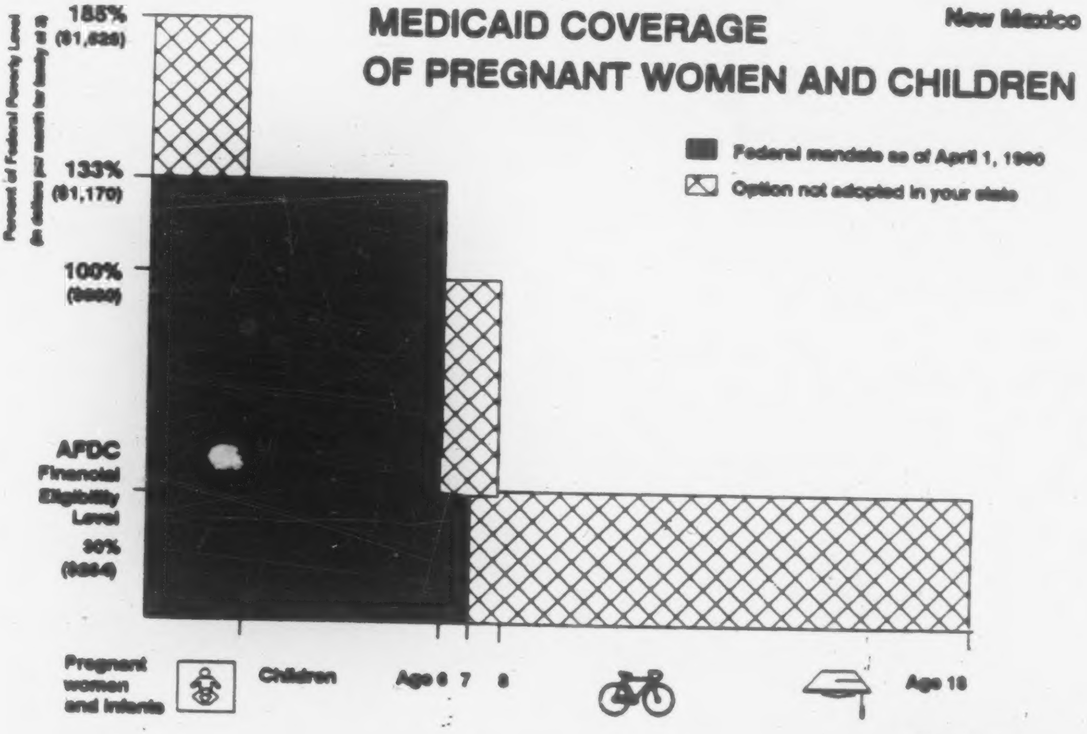
AFDC, the Aid to Families with Dependent Children program, in New Mexico sets its monthly cash benefit level at $264, or 30.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by New Mexico.



March 1990
Children's Defense Fund

New Mexico

VITAL STATISTICS, 1987

o In 1987, 27,298 infants were born in New Mexico.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 221 infants died before their first birthday in New Mexico. The state's overall infant mortality rate 8.1 ranked 3rd in the nation.

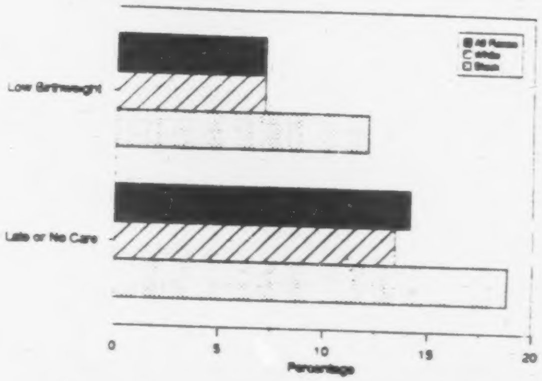
o In that year, the white rate was 7.8.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,919 or 7.1 percent of babies born in New Mexico had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 56.4 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 14.1 percent of babies in New Mexico were born to mothers who received late or no care.

o In that year, 13.4 percent of white infants and 18.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, New Mexico made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 48.8 percent of all mothers in New Mexico received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in New Jersey served only 52.7 percent of eligible women and children in 1989.

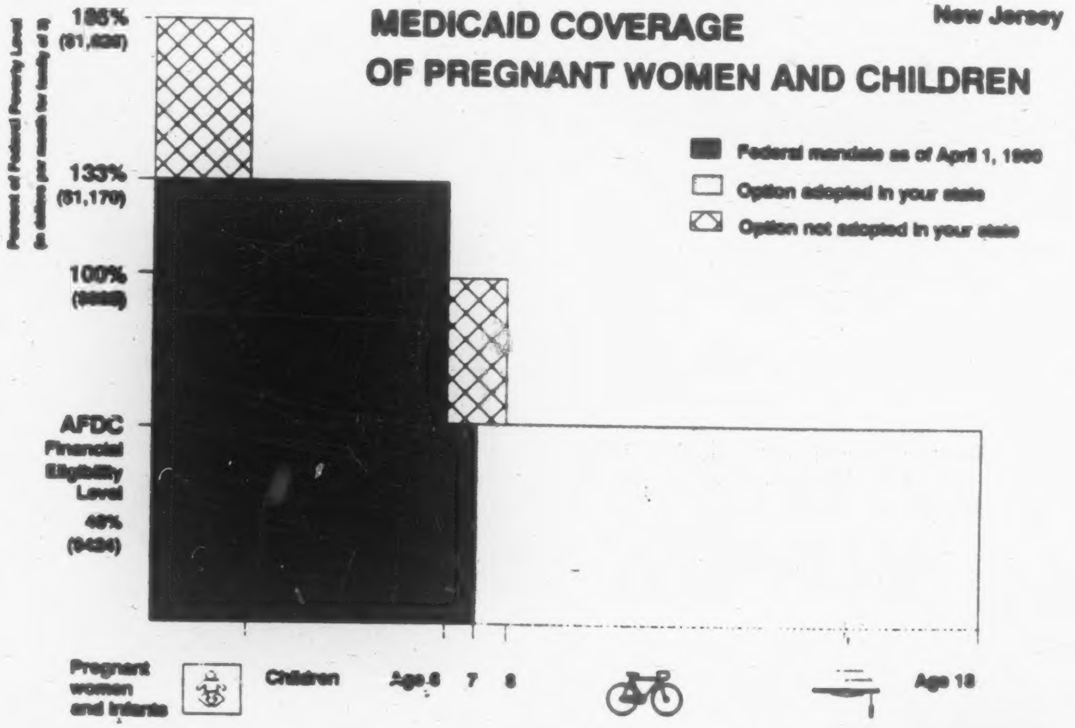
AFDC, the Aid to Families with Dependent Children program, in New Jersey sets its monthly cash benefit level at $424, or 48.2 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by New Jersey.



MEDICAID COVERAGE
OF PREGNANT WOMEN AND CHILDREN

New Jersey

March 1990
Children's Defense Fund

New Jersey

VITAL STATISTICS, 1987

- In 1987, 113,368 infants were born in New Jersey.

Infant mortality is an indicator of the health status of the state's population.

- In 1987, 1,063 infants died before their first birthday in New Jersey. The state's overall infant mortality rate 9.4 ranked 19th in the nation.

- In that year, the white rate was 7.3 and the black rate was 18.1.

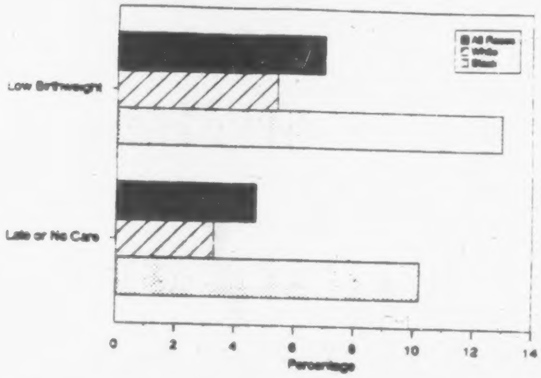
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

- In 1987, 7,889 or 7.0 percent of babies born in New Jersey had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

- In 1987, only 80.5 percent of all infants and 63.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

- In 1987, 4.7 percent of babies in New Jersey were born to mothers who received late or no care.

- In that year, 3.3 percent of white infants and 10.2 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, New Jersey made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

- In 1987, only 72.0 percent of all mothers in New Jersey received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in New Hampshire served only 57.8 percent of eligible women and children in 1989.

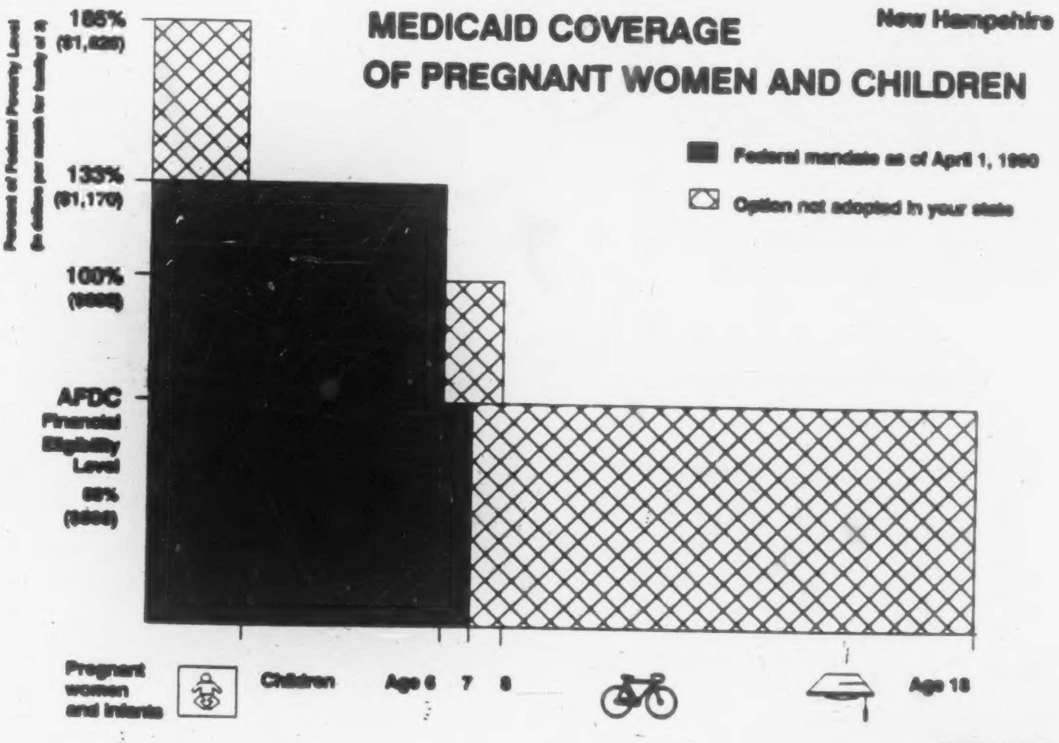
AFDC, the Aid to Families with Dependent Children program, in New Hampshire sets its monthly cash benefit level at $506, or 57.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by **New Hampshire**.



March 1990
Children's Defense Fund

New Hampshire

VITAL STATISTICS, 1987

o In 1987, 17,032 infants were born in New Hampshire.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 132 infants died before their first birthday in New Hampshire. The state's overall infant mortality rate 7.8 ranked 2nd in the nation.

o In that year, the white rate was 7.8.

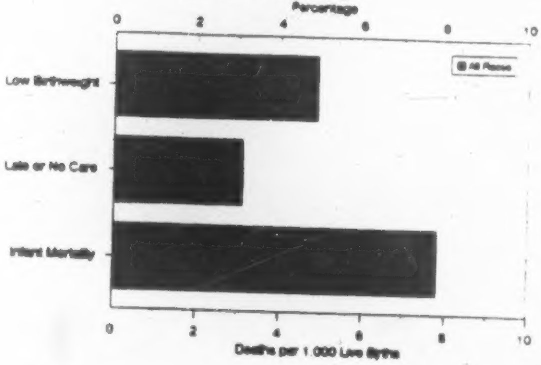
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 839 or 4.9 percent of babies born in New Hampshire had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 83.4 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight, Prenatal Care, and Infant Mortality



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.1 percent of babies in New Hampshire were born to mothers who received late or no care.

o In that year, 3.0 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, New Hampshire made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 79.8 percent of all mothers in New Hampshire received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Nevada served only 77.9 percent of eligible women and children in 1989.

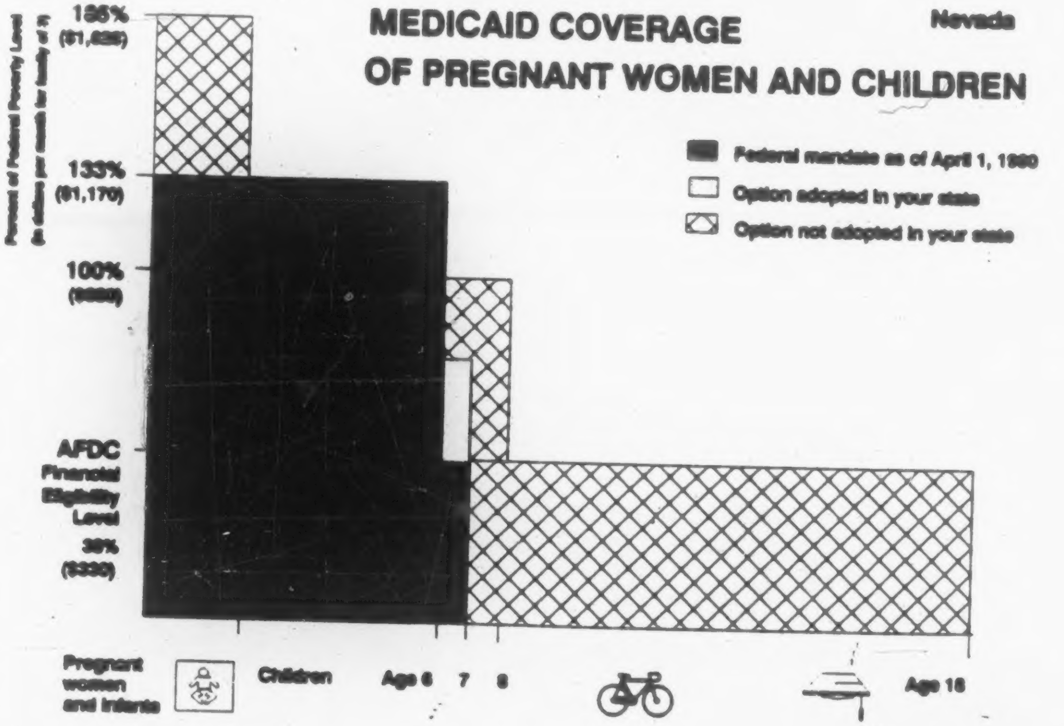
AFDC, the Aid to Families with Dependent Children program, in Nevada sets its monthly cash benefit level at $330, or 37.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Nevada.



March 1990
Children's Defense Fund

Nevada

VITAL STATISTICS, 1987

o In 1987, 16,668 infants were born in Nevada.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 160 infants died before their first birthday in Nevada. The state's overall infant mortality rate 9.6 ranked 23th in the nation.

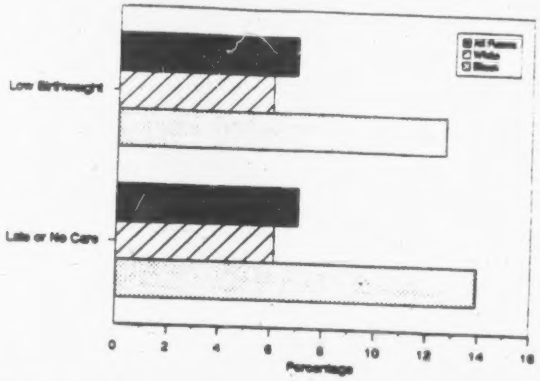
o In that year, the white rate was 9.2 and the black rate was 17.9.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,150 or 6.9 percent of babies born in Nevada had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 73.2 percent of all infants and 56.6 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 7.0 percent of babies in Nevada were born to mothers who received late or no care.

o In that year, 6.1 percent of white infants and 13.9 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Nevada made progress insufficient to allow it to **meet the U.S. Surgeon** General's 1990 goal to have 90 percent of **all women begin care** in the **first three months of pregnancy.**

o **In 1987, only** 65.7 percent **of all mothers in Nevada received care that** could be **considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Nebraska served only 37.3 percent of eligible women and children in 1989.

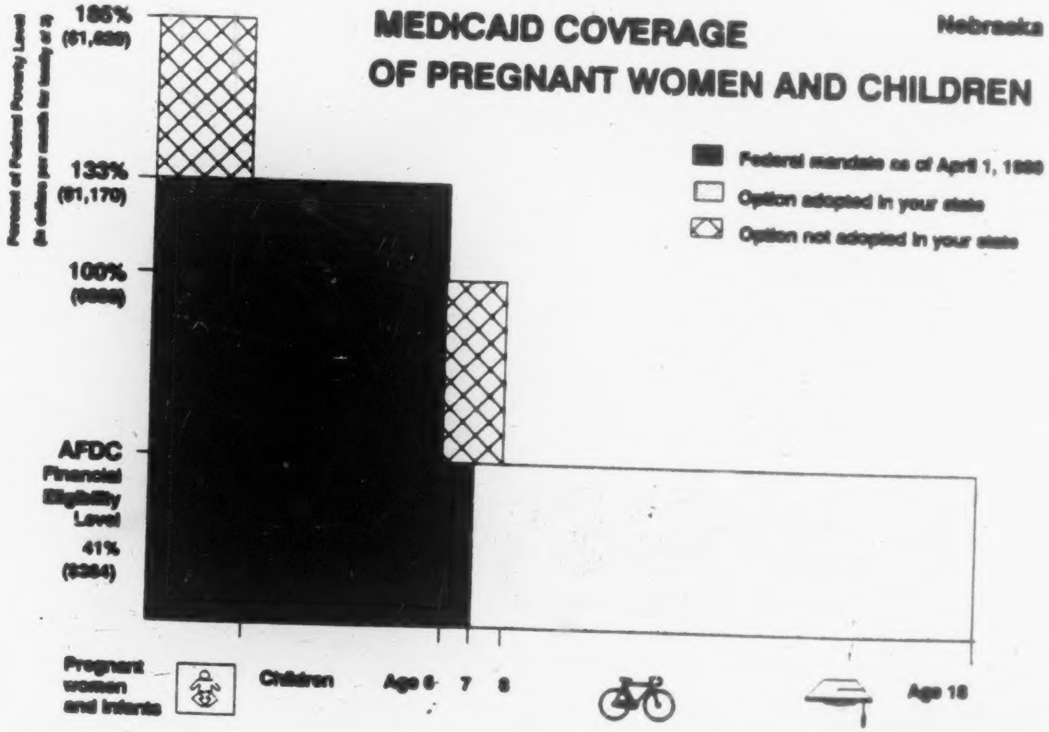
AFDC, the Aid to Families with Dependent Children program, in Nebraska sets its monthly cash benefit level at $364, or 41.4 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Nebraska.



March 1990
Children's Defense Fund

Nebraska

VITAL STATISTICS, 1987

o In 1987, 23,822 infants were born in Nebraska.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 204 infants died before their first birthday in Nebraska. The state's overall infant mortality rate 8.6 ranked 7th in the nation.

o In that year, the white rate was 8.0.

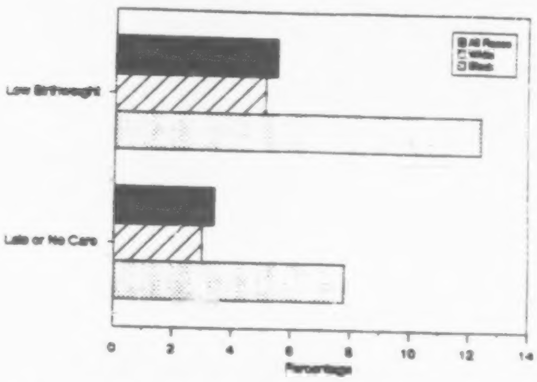
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,308 or 5.5 percent of babies born in Nebraska had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o **In 1987, only 82.4 percent** of all **infants were born to** mothers who **received prenatal** care **early (beginning in the** first **three months of** pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no **care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.**

o **In 1987, 3.4 percent of babies in Nebraska were born to mothers who received late or no care.**

o **In that year, 3.0 percent of white infants and 7.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.**

Between 1978 and 1987, Nebraska made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 76.8 percent of all mothers in Nebraska received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Montana served only 44.9 percent of eligible women and children in 1989.

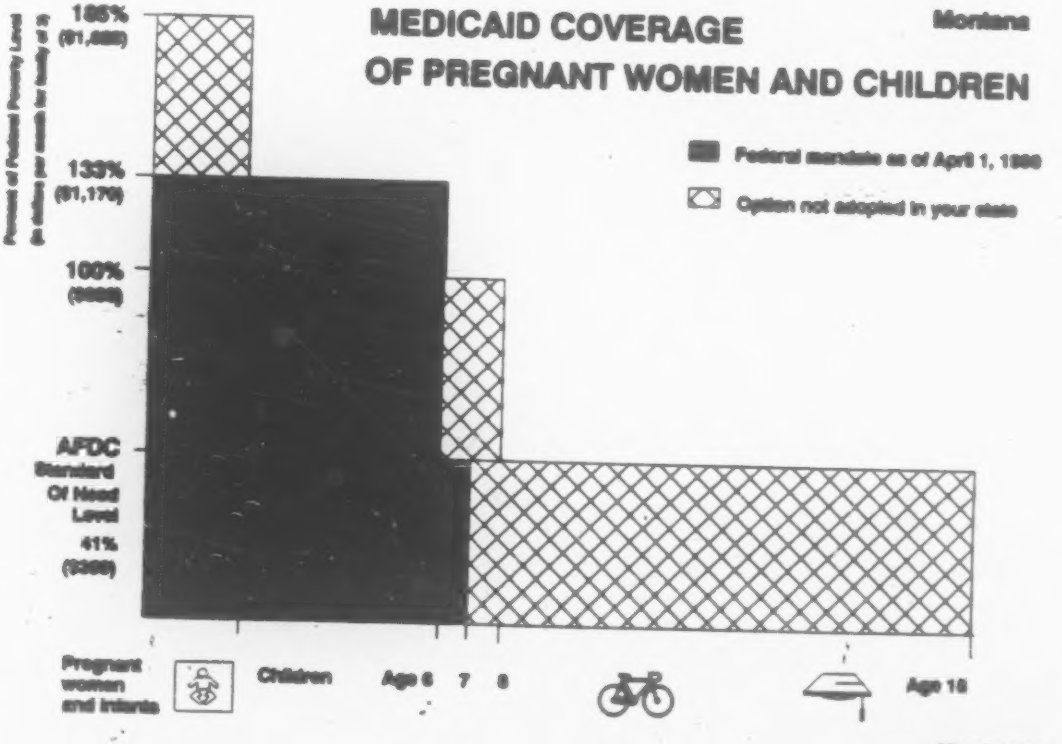
AFDC, the Aid to Families with Dependent Children program, in Montana sets its monthly cash benefit level at $359, or 40.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Montana.



March 1990
Children's Defense Fund

Montana

VITAL STATISTICS, 1987

o In 1987, 12,245 infants were born in Montana.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 122 infants died before their first birthday in Montana. The state's overall infant mortality rate 10.0 ranked 29th in the nation.

o In that year, the white rate was 9.3.

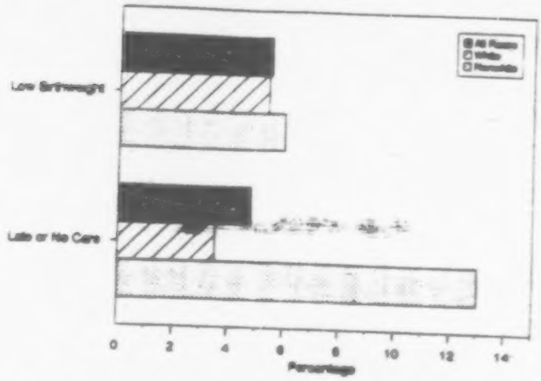
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 673 or 5.5 percent of babies born in Montana had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 77.2 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.8 percent of babies in Montana were born to mothers who received late or no care.

o In that year, 3.5 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Montana made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 68.9 percent of all mothers in Montana received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Mississippi served only 69.0 percent of eligible women and children in 1989.

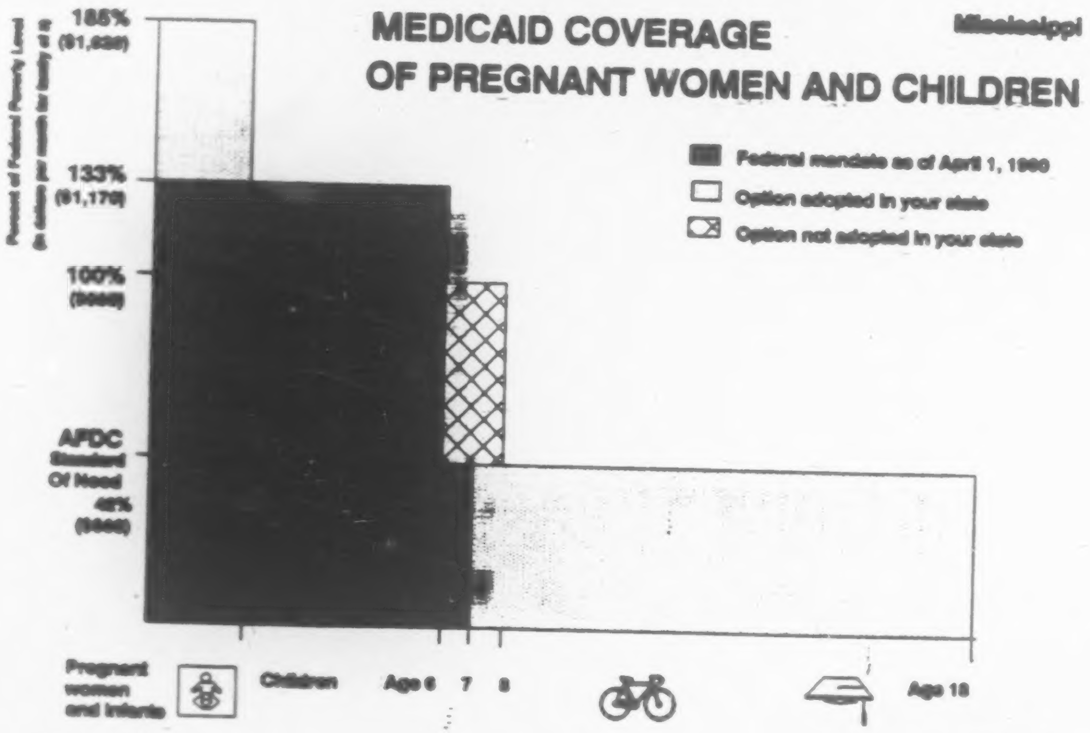
AFDC, the Aid to Families with Dependent Children program, in Mississippi sets its monthly cash benefit level at $120, or 13.6 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Mississippi.



March 1990
Children's Defense Fund

Mississippi

VITAL STATISTICS, 1987

o In 1987, 41,292 infants were born in Mississippi.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 566 infants died before their first birthday in Mississippi. The state's overall infant mortality rate 13.7 ranked 50th in the nation.

o In that year, the white rate was 9.9 and the black rate was 18.2.

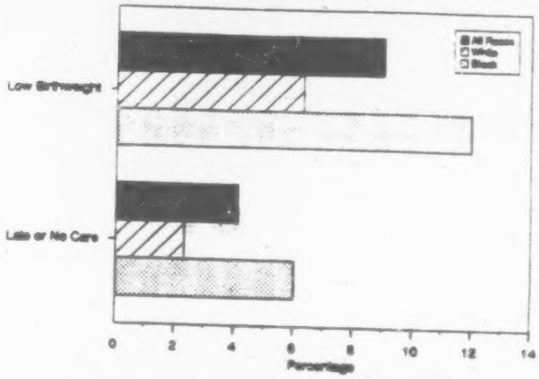
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,701 or 9.0 percent of babies born in Mississippi had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 76.5 percent of all infants and 66.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.1 percent of babies in Mississippi were born to mothers who received late or no care.

o In that year, 2.3 percent of white infants and 6.0 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Mississippi made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 70.1 percent of all mothers in Mississippi received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Missouri served only 54.4 percent of eligible women and children in 1989.

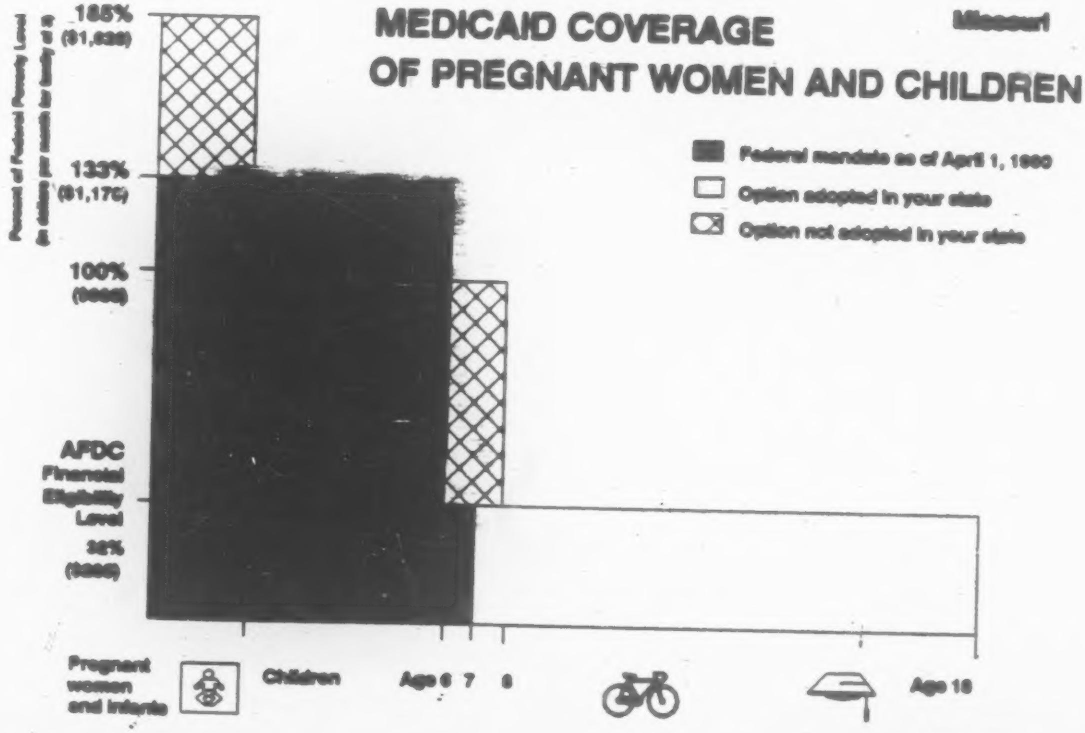
AFDC, the Aid to Families with Dependent Children program, in Missouri sets its monthly cash benefit level at $285, or 32.4 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Missouri.



March 1990
Children's Defense Fund

Missouri

VITAL STATISTICS, 1987

o In 1987, 75,146 infants were born in Missouri.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 769 infants died before their first birthday in Missouri. The state's overall infant mortality rate 10.2 ranked 32th in the nation.

o In that year, the white rate was 8.9 and the black rate was 17.5.

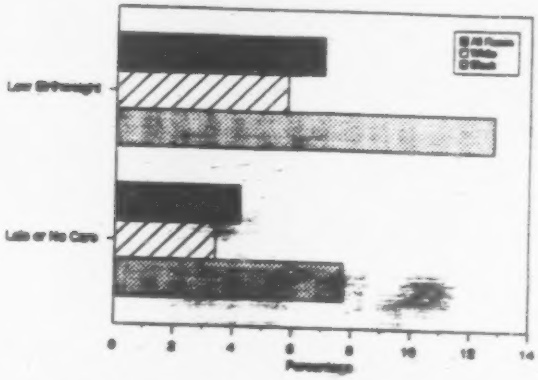
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 5,240 or 7.0 percent of babies born in Missouri had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 80.3 percent of all infants and 67.8 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.2 percent of babies in Missouri were born to mothers who received late or no care.

o In that year, 3.4 percent of white infants and 7.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Missouri made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 74.2 percent of all mothers in Missouri received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Minnesota served only 68.2 percent of eligible women and children in 1989.

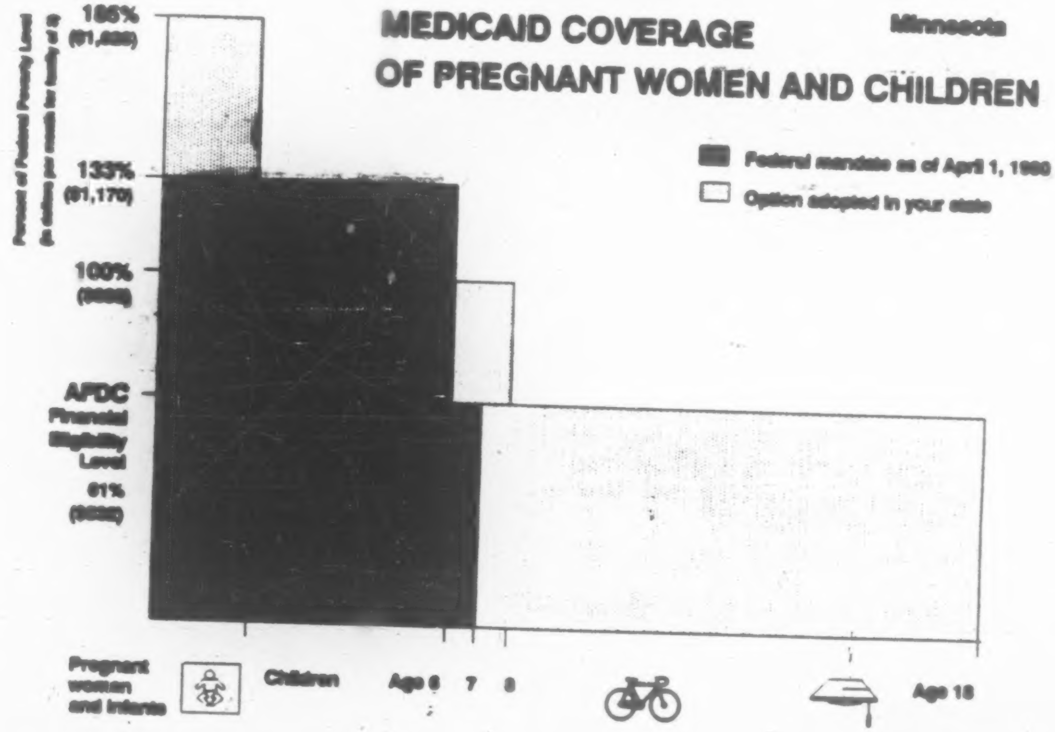
AFDC, the Aid to Families with Dependent Children program, in Minnesota sets its monthly cash benefit level at $532, or 60.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Minnesota.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 65,173 infants were born in Minnesota.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 564 infants died before their first birthday in Minnesota. The state's overall infant mortality rate 8.7 ranked 9th in the nation.

o In that year, the white rate was 8.2 and the black rate was 17.4.

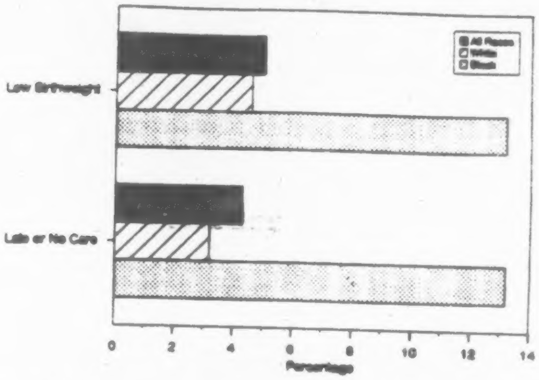
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,255 or 5.0 percent of babies born in Minnesota had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 80.4 percent of all infants and 59.1 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.3 percent of babies in Minnesota were born to mothers who received late or no care.

o In that year, 3.2 percent of white infants and 13.2 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Minnesota made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 72.2 percent of all mothers in Minnesota received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Michigan served only 55.8 percent of eligible women and children in 1989.

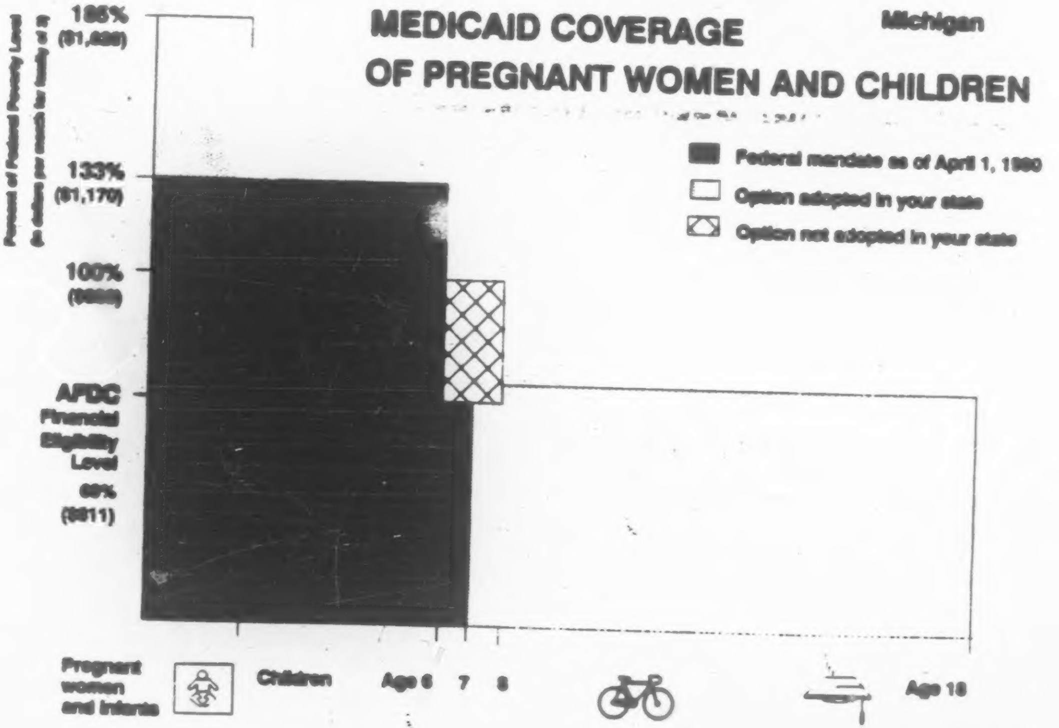
AFDC, the Aid to Families with Dependent Children program, in Michigan sets its monthly cash benefit level at $611, or 69.4 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Michigan.



March 1990
Children's Defense Fund

Michigan

VITAL STATISTICS, 1987

o In 1987, 140,578 infants were born in Michigan.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,508 infants died before their first birthday in Michigan. The state's overall infant mortality rate 10.7 ranked 40th in the nation.

o In that year, the white rate was 8.4 and the black rate was 21.4.

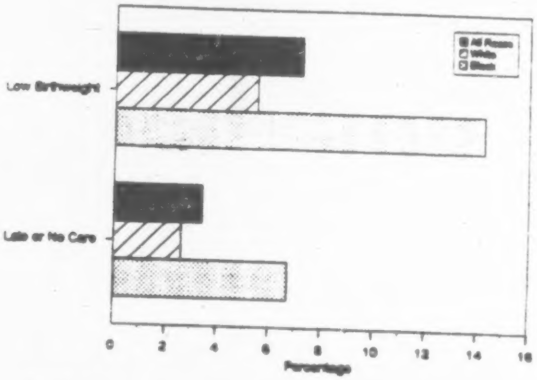
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 10,058 or 7.2 percent of babies born in Michigan had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In **1987, only 80.8 percent of all infants and 69.3 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).**

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.4 percent of babies in Michigan were born to mothers who received late or no care.

o In that year, 2.6 percent of white infants **and 6.7 percent of black infants were born without benefit of care before the seventh month of pregnancy.**

Between 1978 and 1987, Michigan made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 76.6 percent of all mothers in Michigan received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Massachusetts served only 54.7 percent of eligible women and children in 1989.

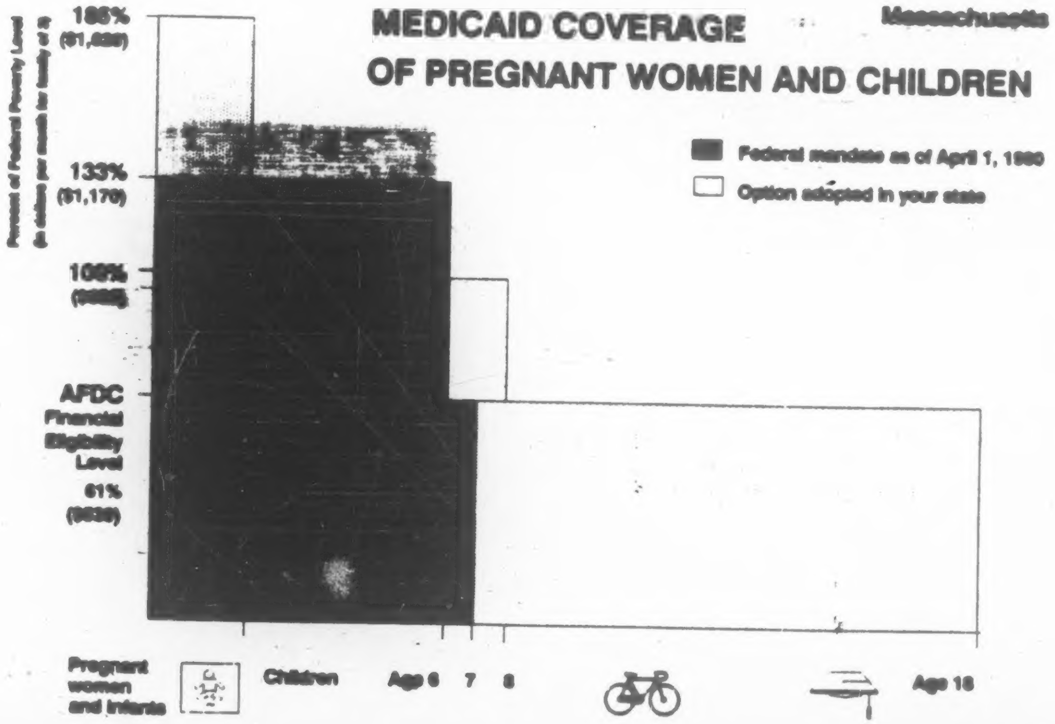
AFDC, the Aid to Families with Dependent Children program, in Massachusetts sets its monthly cash benefit level at $539, or 61.3 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Massachusetts.



March 1990
Children's Defense Fund

Massachusetts

VITAL STATISTICS, 1987

o In 1987, 84,453 infants were born in Massachusetts.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 611 infants died before their first birthday in Massachusetts. The state's overall infant mortality rate 7.2 ranked 1st in the nation.

o In that year, the white rate was 6.6 and the black rate was 14.4.

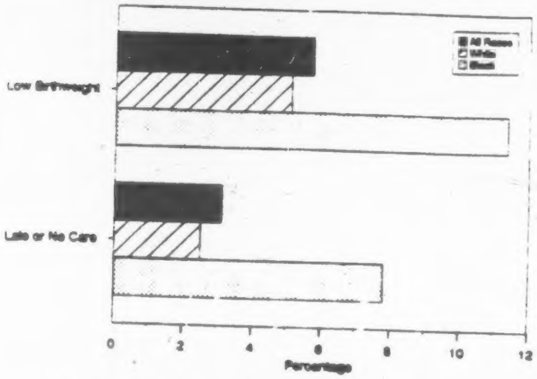
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 4,812 or 5.7 percent of babies born in Massachusetts had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 83.3 percent of all infants and 66.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.1 percent of babies in Massachusetts were born to mothers who received late or no care.

o In that year, 2.5 percent of white infants and 7.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Massachusetts made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 78.9 percent of all mothers in Massachusetts received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Maryland served only 54.1 percent of eligible women and children in 1989.

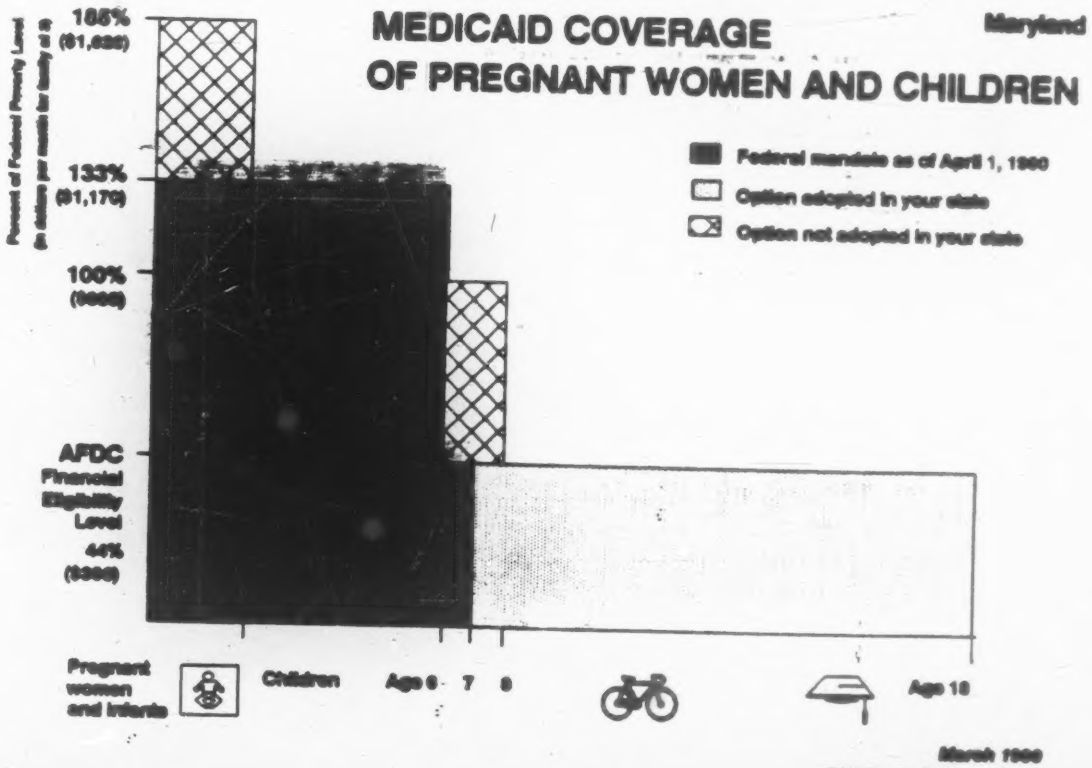
AFDC, the Aid to Families with Dependent Children program, in Maryland sets its monthly cash benefit level at $396, or 45.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Maryland.



March 1990
Children's Defense Fund

Maryland

VITAL STATISTICS, 1987

o In 1987, 72,544 infants were born in Maryland.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 831 infants died before their first birthday in Maryland. The state's overall infant mortality rate 11.5 ranked 41th in the nation.

o In that year, the white rate was 8.8 and the black rate was 18.1.

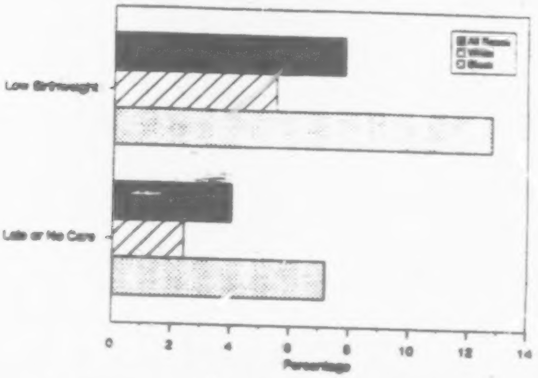
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 5,656 or 7.8 percent of babies born in Maryland had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 80.5 percent of all infants and 67.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.0 percent of babies in Maryland were born to mothers who received late or no care.

o In that year, 2.4 percent of white infants and 7.2 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Maryland made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 75.3 percent of all mothers in Maryland received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Maine served only 42.9 percent of eligible women and children in 1989.

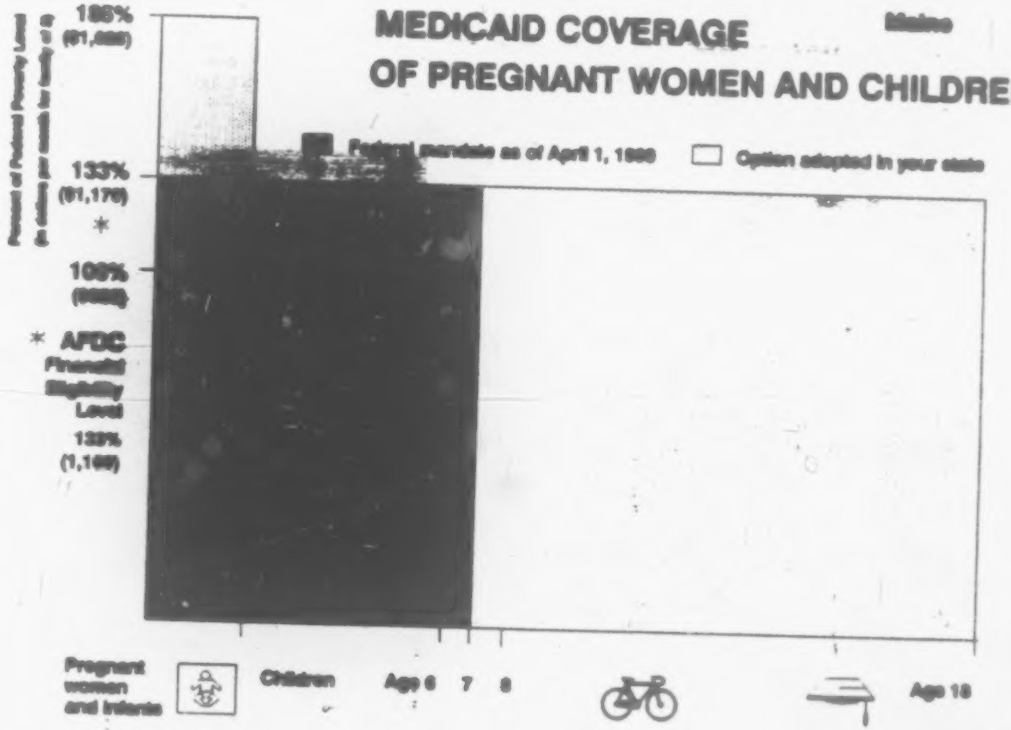
AFDC, the Aid to Families with Dependent Children program, in Maine sets its monthly cash benefit level at $438, or 49.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Maine.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 16,847 infants were born in Maine.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 139 infants died before their first birthday in Maine. The state's overall infant mortality rate 8.3 ranked 4th in the nation.

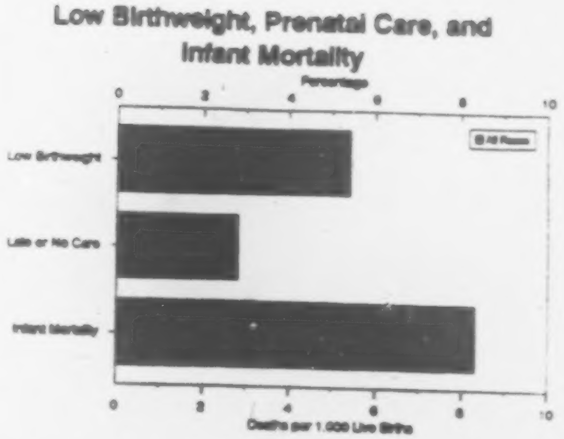
o In that year, the white rate was 8.2.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 902 or 5.4 percent of babies born in Maine had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 83.5 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).


Low Birthweight, Prenatal Care, and Infant Mortality

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 2.8 percent of babies in Maine were born to mothers who received late or no care.

o In that year, 2.7 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Maine made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 74.8 percent of all mothers in Maine received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Louisiana served only 58.8 percent of eligible women and children in 1989.

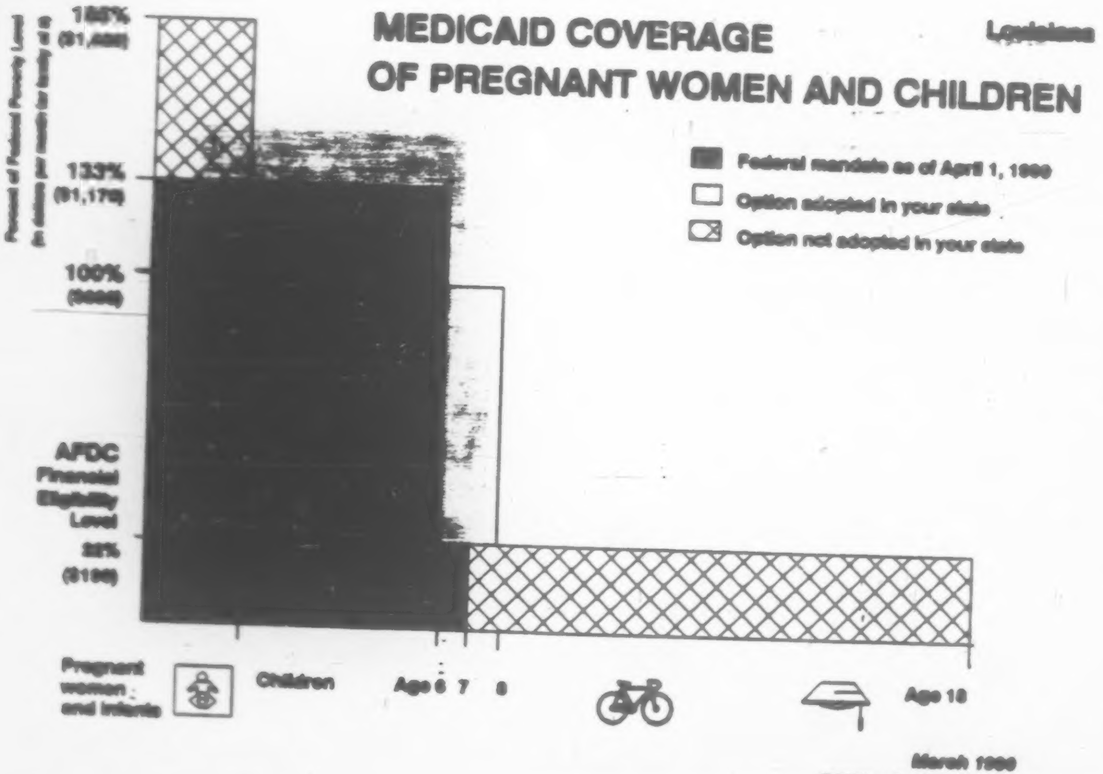
AFDC, the Aid to Families with Dependent Children program, in Louisiana sets its monthly cash benefit level at $190, or 21.6 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Louisiana.



March 1990
Children's Defense Fund

Louisiana

VITAL STATISTICS, 1987

o In 1987, 73,967 infants were born in Louisiana.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 872 infants died before their first birthday in Louisiana. The state's overall infant mortality rate 11.8 ranked 45th in the nation.

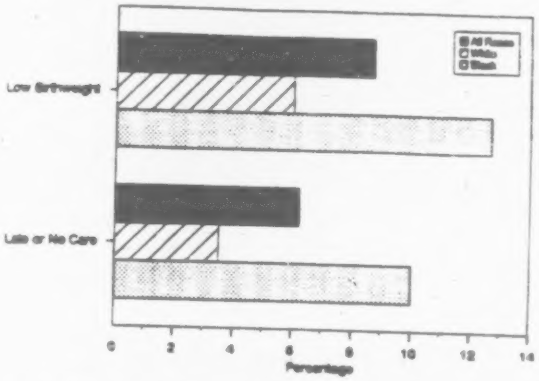
o In that year, the white rate was 8.0 and the black rate was 17.7.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 6,412 or 8.7 percent of babies born in Louisiana had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 75.4 percent of all infants and 62.7 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).



Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.2 percent of babies in Louisiana were born to mothers who received late or no care.

o In that year, 3.5 percent of white infants and 10.0 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Louisiana made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 67.0 percent of all mothers in Louisiana received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Kansas served only 56.4 percent of eligible women and children in 1989.

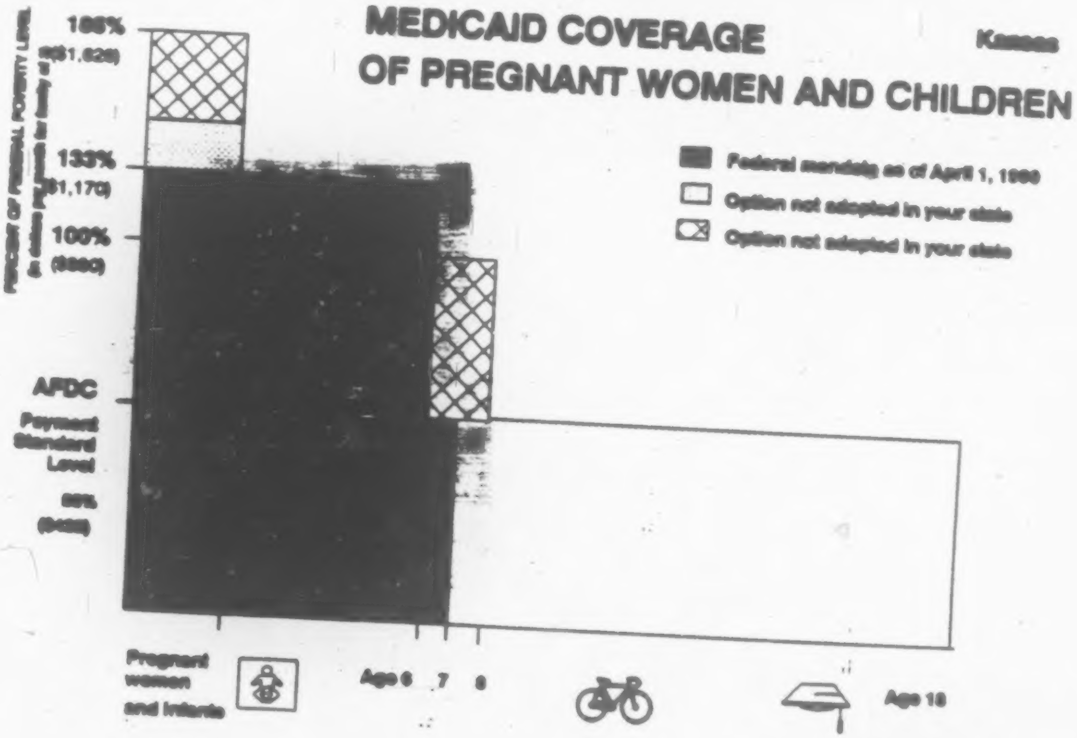
AFDC, the Aid to Families with Dependent Children program, in Kansas sets its monthly cash benefit level at $436, or 49.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Kansas.



March 1990
Children's Defense Fund

Kansas

VITAL STATISTICS, 1987

o In 1987, 38,508 infants were born in Kansas.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 364 infants died before their first birthday in Kansas. The state's overall infant mortality rate 9.5 ranked 20th in the nation.

o In that year, the white rate was 8.5 and the black rate was 19.2.

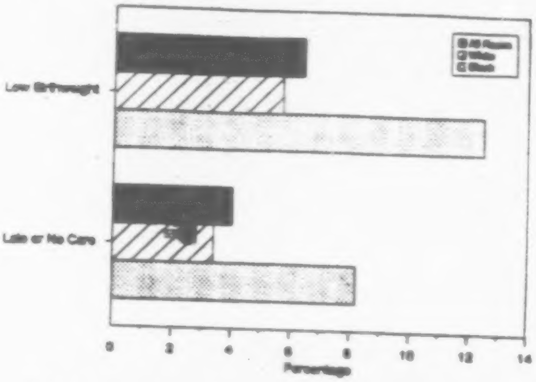
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 2,447 or 6.4 percent of babies born in Kansas had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 80.7 percent of all infants and 67.1 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.0 percent of babies in Kansas were born to mothers who received late or no care.

o In that year, 3.4 percent of white infants and 8.2 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Kansas made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 76.2 percent of all mothers in Kansas received care that could be considered even minimally adequate.

Kentucky

VITAL STATISTICS, 1987

o In 1987, 51,379 infants were born in Kentucky.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 499 infants died before their first birthday in Kentucky. The state's overall infant mortality rate 9.7 ranked 25th in the nation.

o In that year, the white rate was 9.5 and the black rate was 12.8.

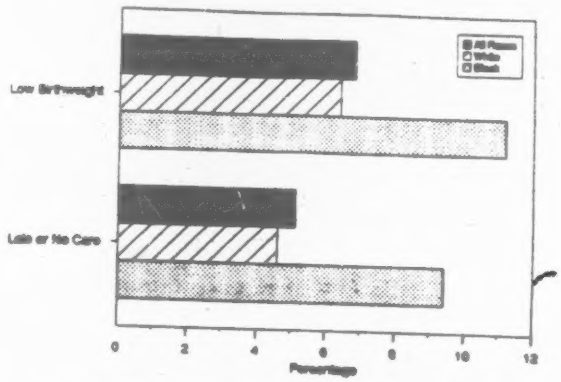
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,494 or 6.8 percent of babies born in Kentucky had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 75.[illegible] percent of all infants and 60.9 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 5.1 percent of babies in Kentucky were born to mothers who received late or no care.

o In that year, 4.6 percent of white infants and 9.4 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Kentucky made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 69.7 percent of all mothers in Kentucky received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Kentucky served only 58.4 percent of eligible women and children in 1989.

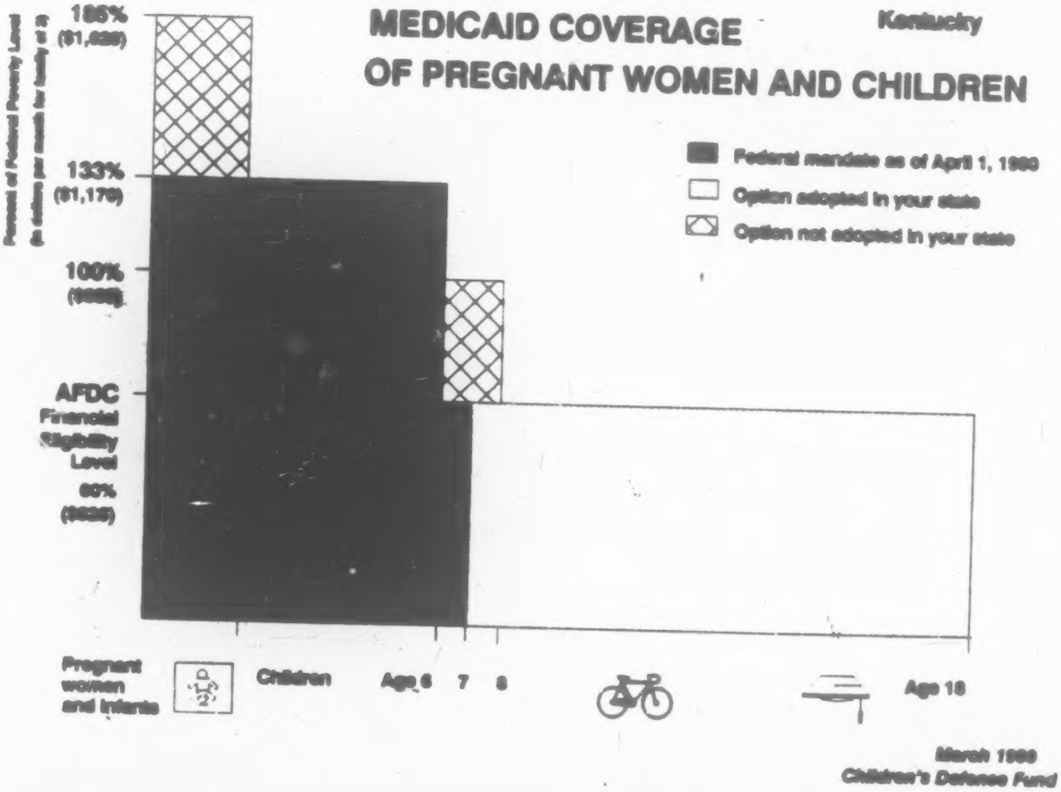
AFDC, the Aid to Families with Dependent Children program, in Kentucky sets its monthly cash benefit level at $526, or 59.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Kentucky.



March 1990
Children's Defense Fund

New York

VITAL STATISTICS, 1987

o In 1987, 272,118 infants were born in New York.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 2,906 infants died before their first birthday in New York. The state's overall infant mortality rate 10.7 ranked 39th in the nation.

o In that year, the white rate was 9.0 and the black rate was 17.2.

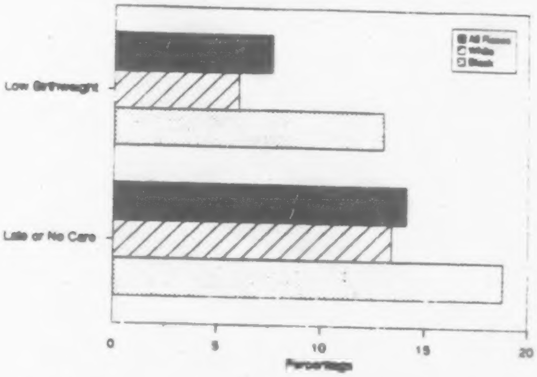
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 20,568 or 7.6 percent of babies born in New York had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 71.4 percent of all infants and 50.7 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 10.4 percent of babies in New York were born to mothers who received late or no care.

o In that year, 7.3 percent of white infants and 21.2 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, New York made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 60.3 percent of all mothers in New York received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in New York served only 61.8 percent of eligible women and children in 1989.

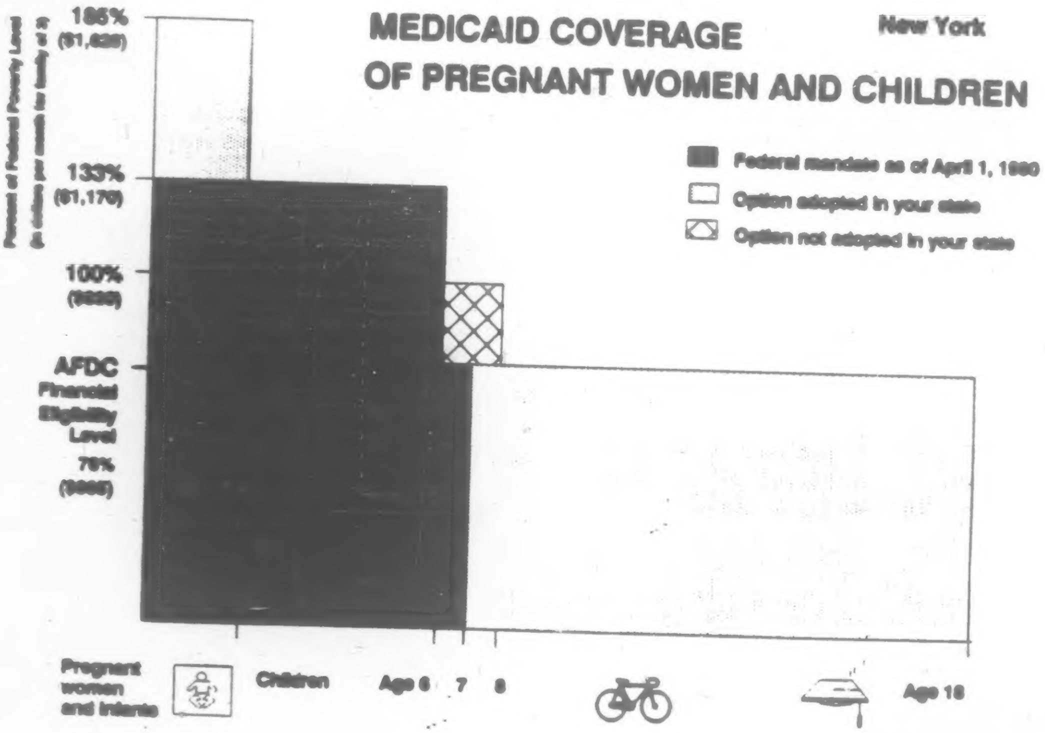
AFDC, the Aid to Families with Dependent Children program, in New York sets its monthly cash benefit level at $665, or 75.6 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by New York.



March 1990
Children's Defense Fund

North Carolina

VITAL STATISTICS, 1987

o. In 1987, 93,501 infants were born in North Carolina.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,112 infants died before their first birthday in North Carolina. The state's overall infant mortality rate 11.9 ranked 46th in the nation.

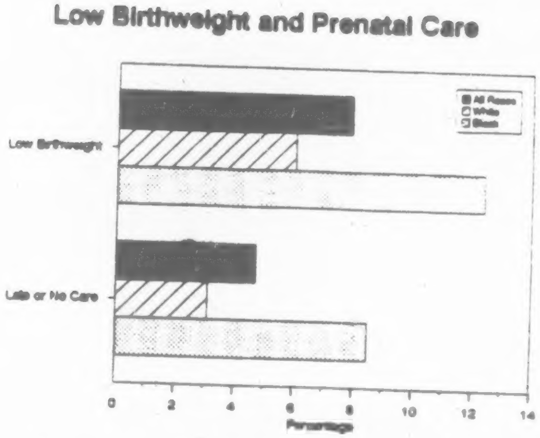
o In that year, the white rate was 9.4 and the black rate was 18.2.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 7,363 or 7.9 percent of babies born in North Carolina had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 77.6 percent of all infants and 64.0 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).



Low Birthweight and Prenatal Care

Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.7 percent of babies in North Carolina were born to mothers who received late or no care.

o In that year, 3.1 percent of white infants and 8.5 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, North Carolina made progress **insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90** percent of **all women begin** care in the **first three months of pregnancy.**

o In 1987, only 73.8 percent of all mothers in North Carolina received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in North Carolina served only 62.7 percent of eligible women and children in 1989.

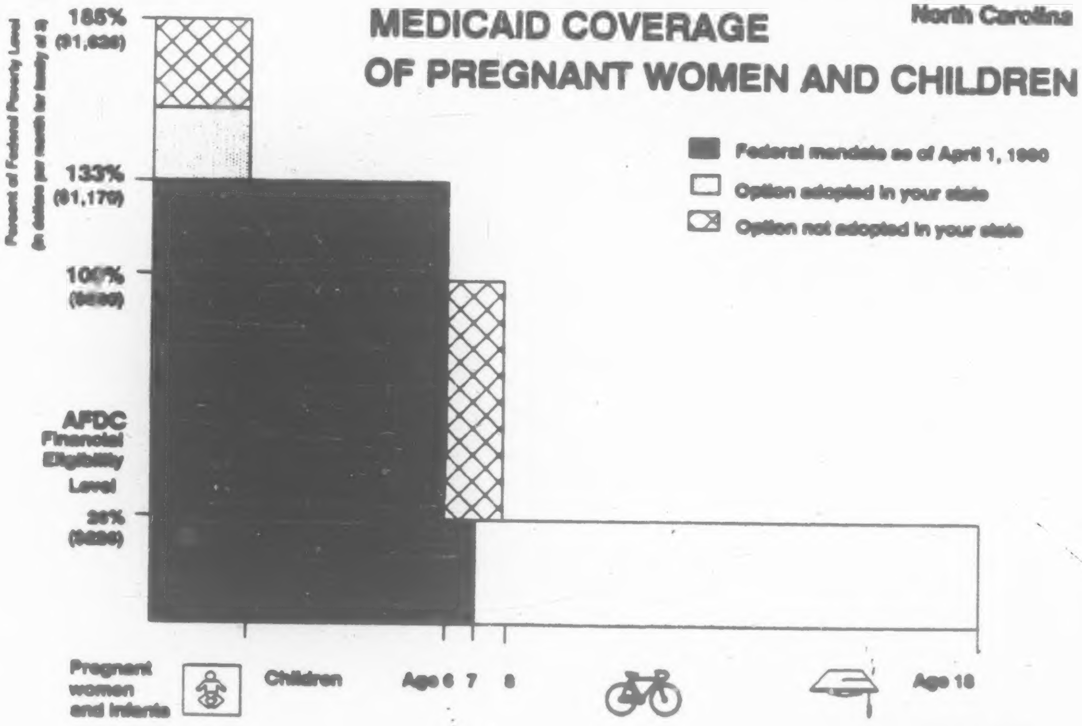
AFDC, the Aid to Families with Dependent Children program, in North Carolina sets its monthly cash benefit level at $266, or 30.2 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by North Carolina.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 10,300 infants were born in North Dakota.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 90 infants died before their first birthday in North Dakota. The state's overall infant mortality rate 8.7 ranked 10th in the nation.

o In that year, the white rate was 8.1.

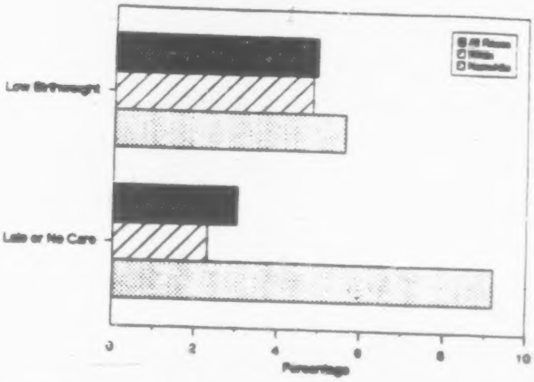
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 503 or 4.9 percent of babies born in North Dakota had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 82.1 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.0 percent of babies in North Dakota were born to mothers who received late or no care.

o In that year, 2.3 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, North Dakota made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 65.7 percent of all mothers in North Dakota received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in North Dakota served only 66.4 percent of eligible women and children in 1989.

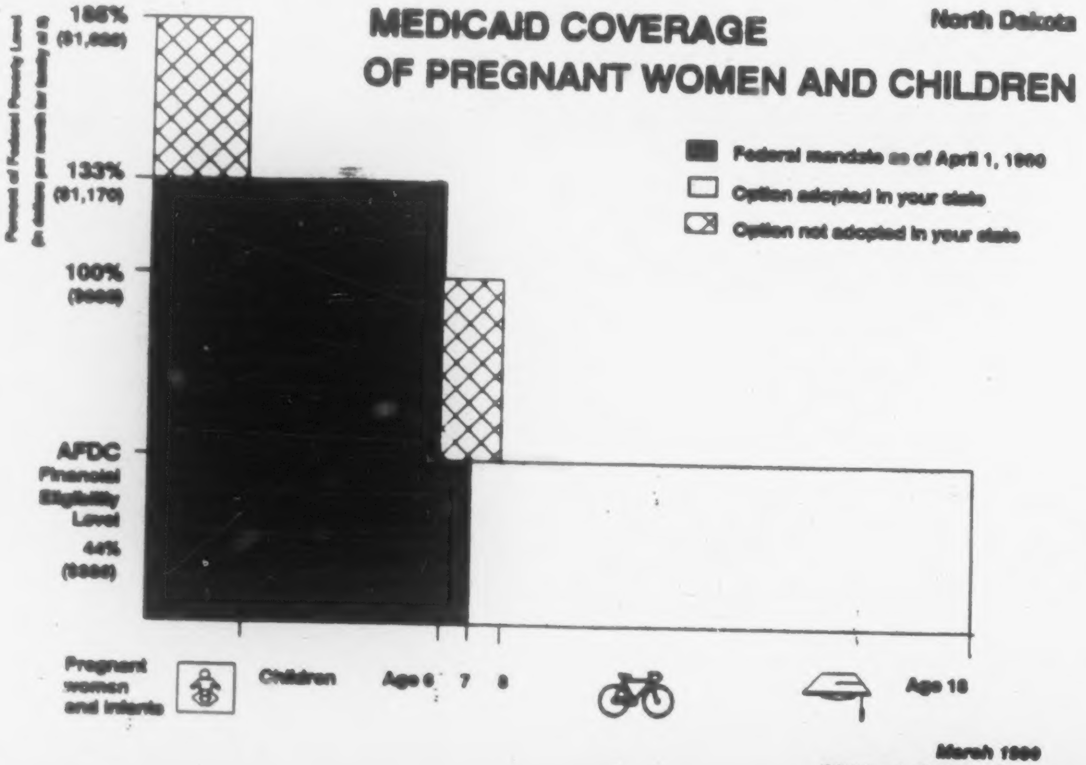
AFDC, the Aid to Families with Dependent Children program, in North Dakota sets its monthly cash benefit level at $386, or 43.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by North Dakota.



March 1990
Children's Defense Fund

Ohio

VITAL STATISTICS, 1987

o In 1987, 157,842 infants were born in Ohio.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,461 infants died before their first birthday in Ohio. The state's overall infant mortality rate 9.3 ranked 18th in the nation.

o In that year, the white rate was 8.2 and the black rate was 15.3.

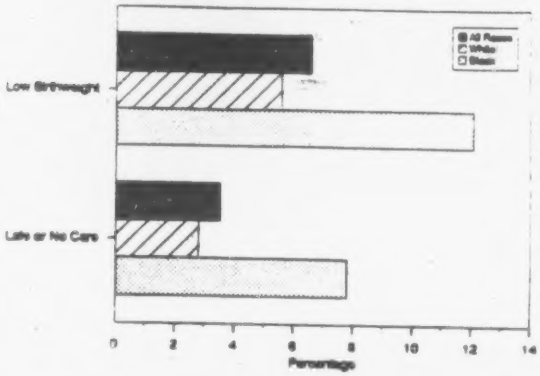
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 10,364 or 6.6 percent of babies born in Ohio had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 81.9 percent of all infants and 67.3 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.5 percent of babies in Ohio were born to mothers who received late or no care.

o In that year, 2.8 percent of white infants and 7.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Ohio made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 75.7 percent of all mothers in Ohio received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Ohio served only 60.2 percent of eligible women and children in 1989.

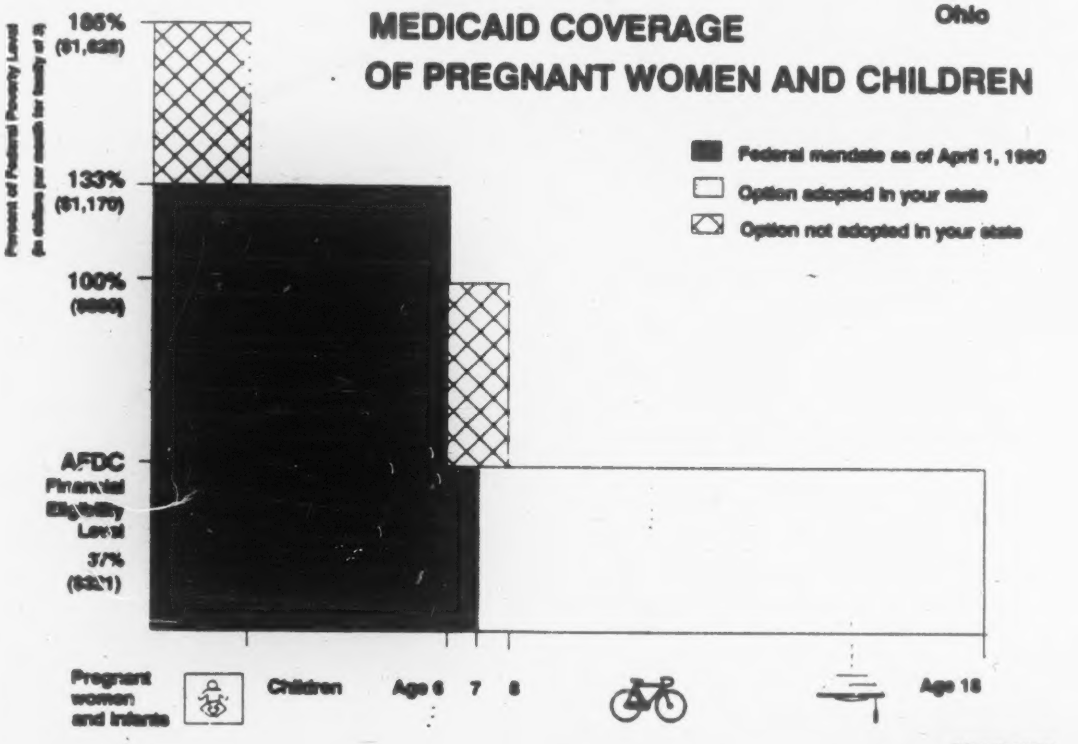
AFDC, the Aid to Families with Dependent Children program, in Ohio sets its monthly cash benefit level at $321, or 36.5 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Ohio.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 47,881 infants were born in Oklahoma.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 458 infants died before their first birthday in Oklahoma. The state's overall infant mortality rate 9.6 ranked 22th in the nation.

o In that year, the white rate was 9.5 and the black rate was 14.0.

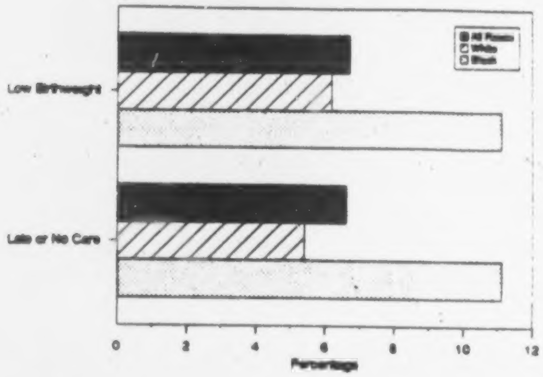
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,216 or 6.7 percent of babies born in Oklahoma had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 73.0 percent of all infants and 58.8 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.6 percent of babies in Oklahoma were born to mothers who received late or no care.

o In that year, 5.4 percent of white infants and 11.1 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Oklahoma made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 65.2 percent of all mothers in Oklahoma received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Oklahoma served only 54.2 percent of eligible women and children in 1989.

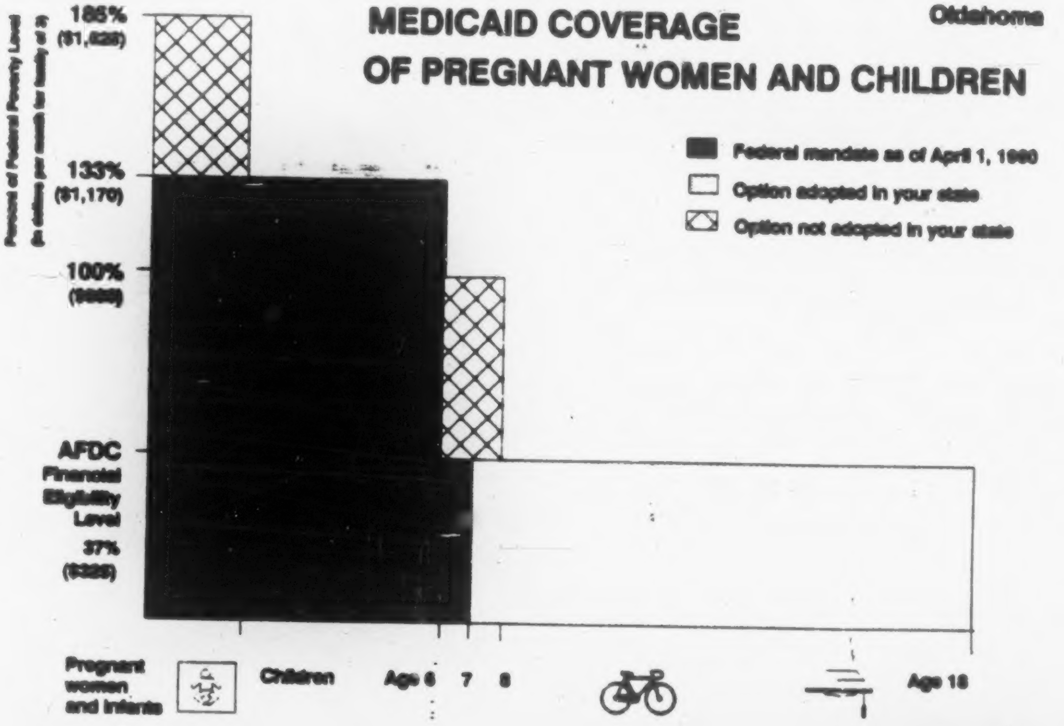
AFDC, the Aid to Families with Dependent Children program, in Oklahoma sets its monthly cash benefit level at $325, or 36.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Oklahoma.



March 1990
Children's Defense Fund

Oregon

VITAL STATISTICS, 1987

o In 1987, 38,697 infants were born in Oregon.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 403 infants died before their first birthday in Oregon. The state's overall infant mortality rate 10.4 ranked 37th in the nation.

o In that year, the white rate was 10.5.

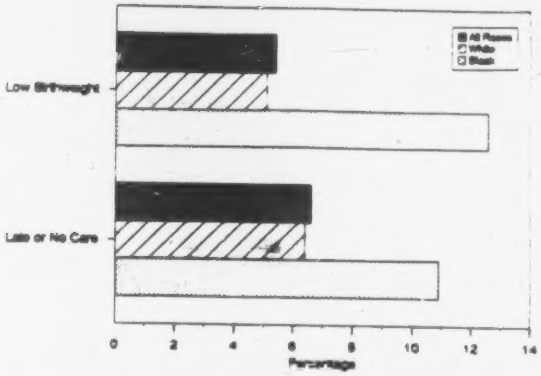
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 2,077 or 5.4 percent of babies born in Oregon had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 73.7 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 6.6 percent of babies in Oregon were born to mothers who received late or no care.

o In that year, 6.4 percent of white infants and 10.9 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Oregon made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 68.9 percent of all mothers in Oregon received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Oregon served only 60.2 percent of eligible women and children in 1989.

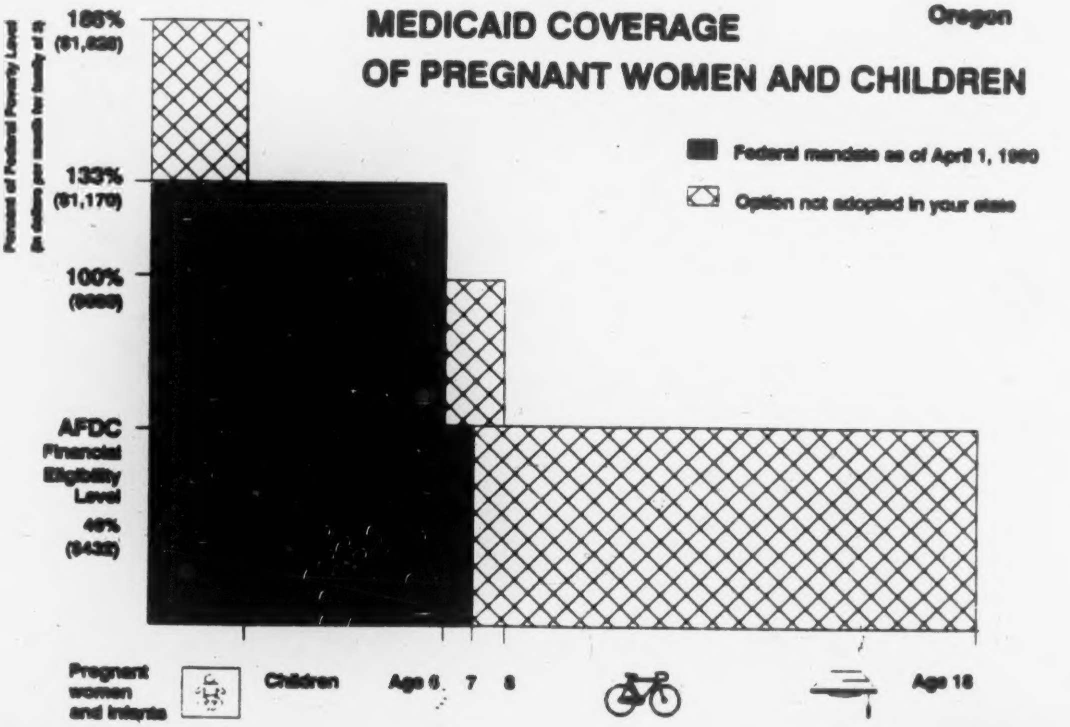
AFDC, the Aid to Families with Dependent Children program, in Oregon sets its monthly cash benefit level at $432, or 49.1 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Oregon.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 162,651 infants were born in Pennsylvania.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 1,685 infants died before their first birthday in Pennsylvania. The state's overall infant mortality rate 10.4 ranked 35th in the nation.

o In that year, the white rate was 8.3 and the black rate was 22.3.

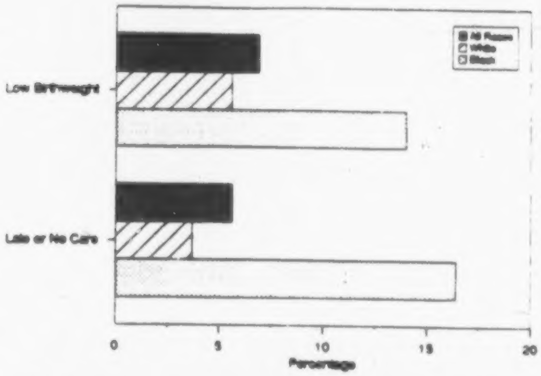
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 11,257 or 6.9 percent of babies born in Pennsylvania had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 78.6 percent of all infants and 53.6 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 5.6 percent of babies in Pennsylvania were born to mothers who received late or no care.

o In that year, 3.7 percent of white infants and 16.4 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Pennsylvania made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 71.5 percent of all mothers in Pennsylvania received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Pennsylvania served only 54.6 percent of eligible women and children in 1989.

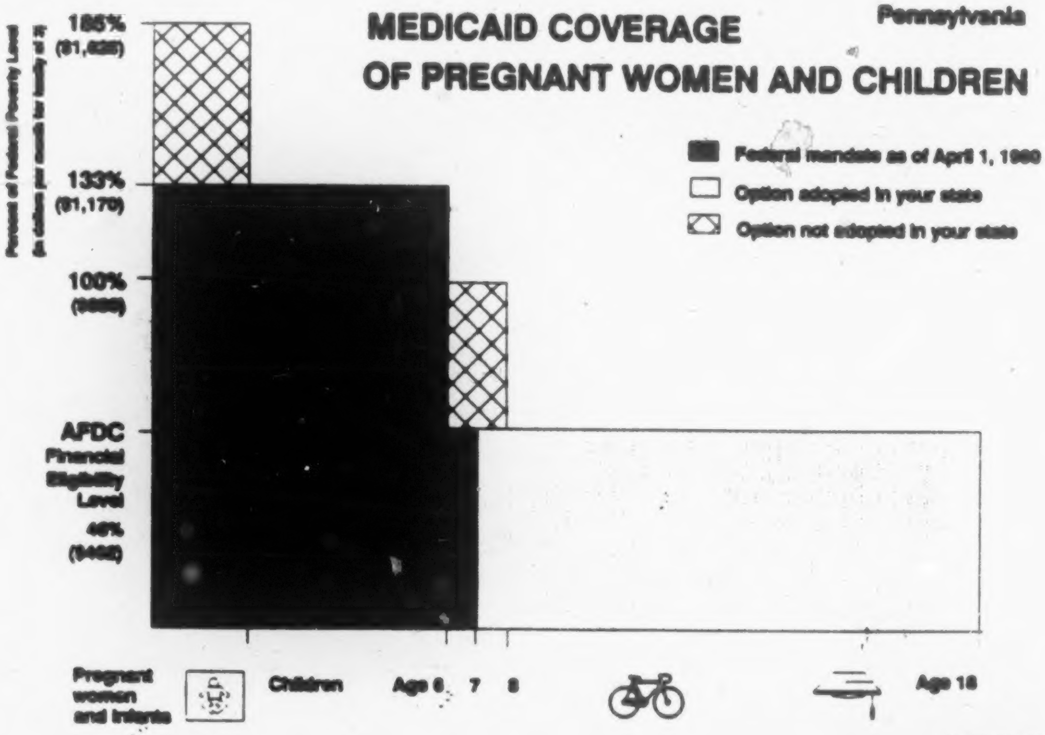
AFDC, the Aid to Families with Dependent Children program, in Pennsylvania sets its monthly cash benefit level at $402, or 45.7 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Pennsylvania.



March 1990
Children's Defense Fund

Rhode Island

VITAL STATISTICS, 1987

o In 1987, 14,047 infants were born in Rhode Island.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 118 infants died before their first birthday in Rhode Island. The state's overall infant mortality rate 8.4 ranked 5th in the nation.

o In that year, the white rate was 8.1.

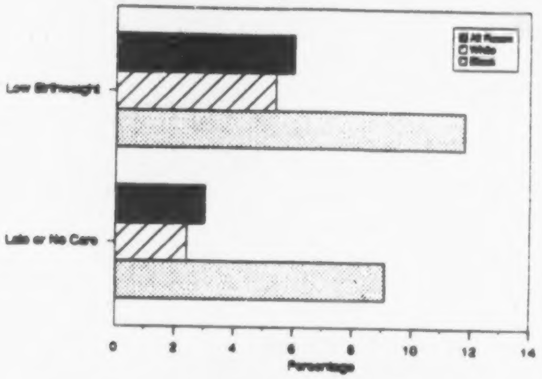
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 844 or 6.0 percent of babies born in Rhode Island had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 83.8 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.0 percent of babies in Rhode Island were born to mothers who received late or no care.

o In that year, 2.4 percent of white infants and 9.1 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Rhode Island made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 77.5 percent of all mothers in Rhode Island received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Rhode Island served only 62.6 percent of eligible women and children in 1989.

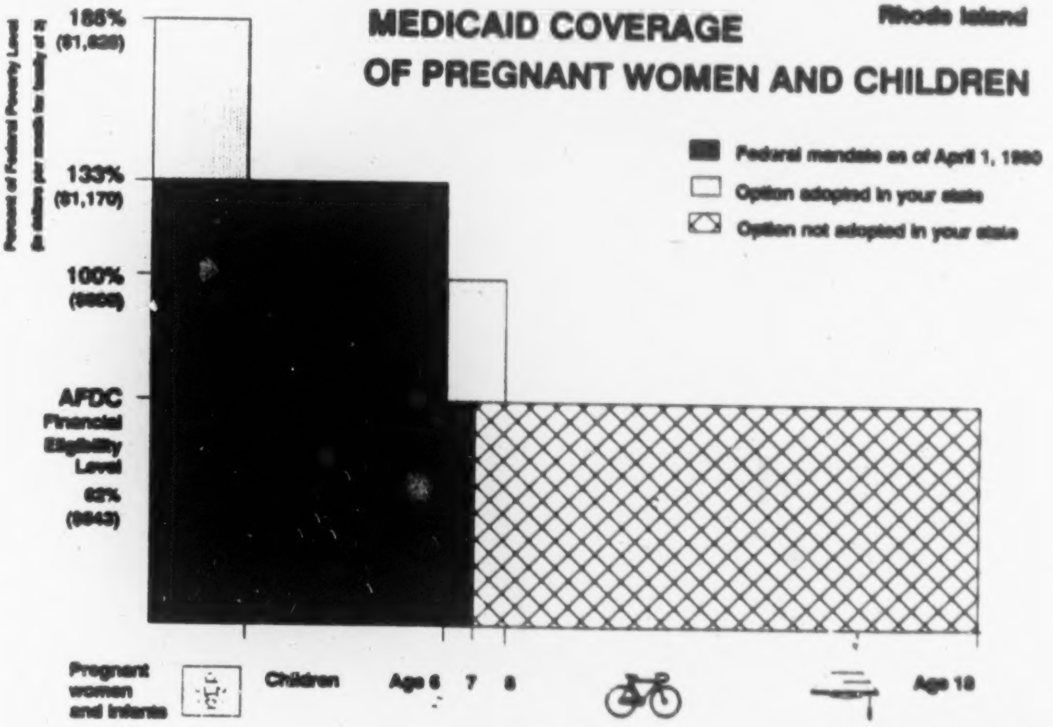
AFDC, the Aid to Families with Dependent Children program, in Rhode Island sets its monthly cash benefit level at $543, or 61.7 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Rhode Island.



March 1990
Children's Defense Fund

South Carolina

VITAL STATISTICS, 1987

o In 1987, 52,801 infants were born in South Carolina.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 673 infants died before their first birthday in South Carolina. The state's overall infant mortality rate 12.7 ranked 49th in the nation.

o In that year, the white rate was 9.7 and the black rate was 17.8.

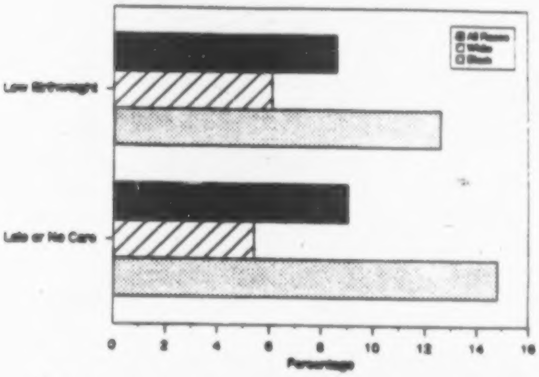
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 4,529 or 8.6 percent of babies born in South Carolina had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 66.3 percent of all infants and 50.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 9.0 percent of babies in South Carolina were born to mothers who received late or no care.

o In that year, 5.4 percent of white infants and 14.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, South Carolina made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 56.7 percent of all mothers in South Carolina received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in South Carolina served only 59.7 percent of eligible women and children in 1989.

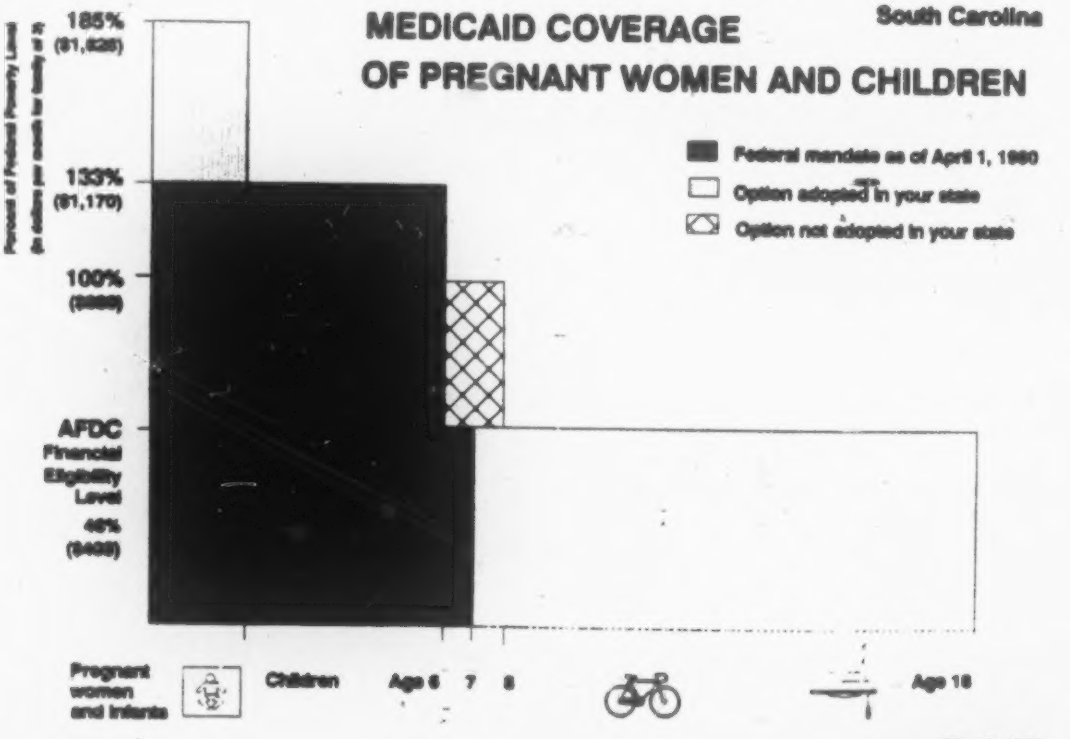
AFDC, the Aid to Families with Dependent Children program, in South Carolina sets its monthly cash benefit level at $403, or 45.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by South Carolina.



March 1990
Children's Defense Fund

South Dakota

VITAL STATISTICS, 1987

o In 1987, 11,493 infants were born in South Dakota.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 114 infants died before their first birthday in South Dakota. The state's overall infant mortality rate 9.9 ranked 28th in the nation.

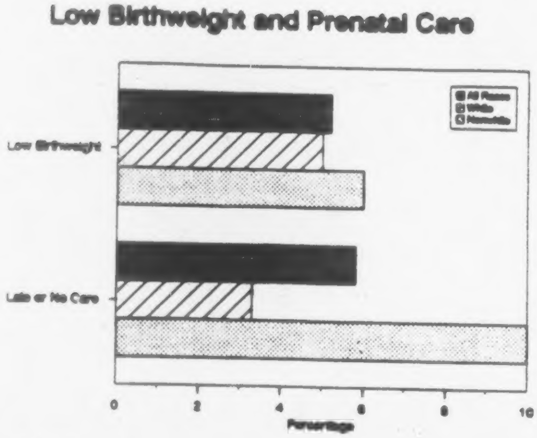
o In that year, the white rate was 8.0.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 593 or 5.2 percent of babies born in South Dakota had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 74.3 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 5.8 percent of babies in South Dakota were born to mothers who received late or no care.

o In that year, 3.3 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, South Dakota made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 65.3 percent of all mothers in South Dakota received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in South Dakota served only 51.6 percent of eligible women and children in 1989.

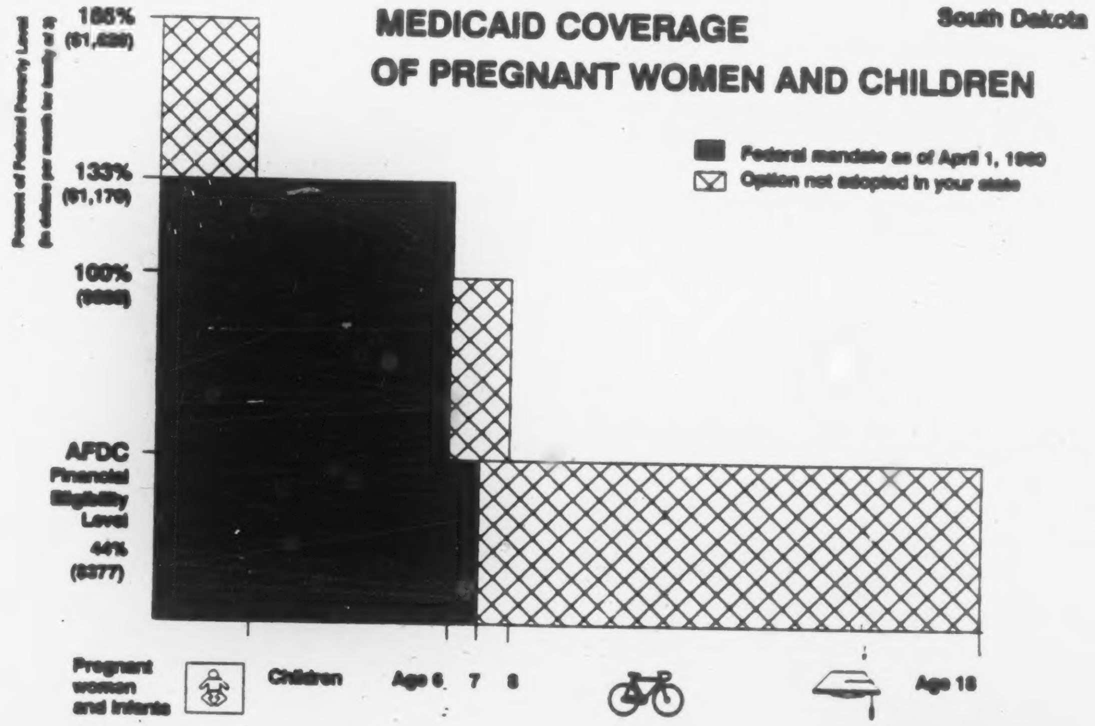
AFDC, the Aid to Families with Dependent Children program, in South Dakota sets its monthly cash benefit level at $377, or 42.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by South Dakota.



March 1990
Children's Defense Fund

Tennessee

VITAL STATISTICS, 1987

o In 1987, 67,943 infants were born in Tennessee.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 795 infants died before their first birthday in Tennessee. The state's overall infant mortality rate 11.7 ranked 43th in the nation.

o In that year, the white rate was 9.2 and the black rate was 19.7.

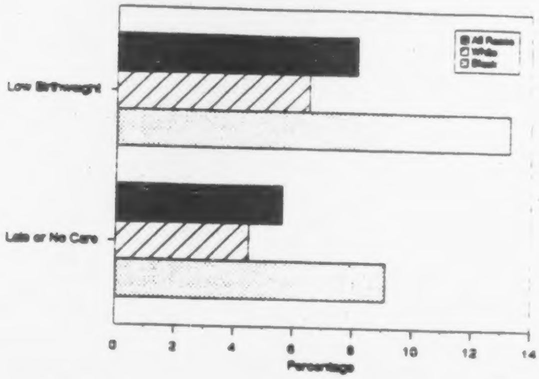
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 5,530 or 8.1 percent of babies born in Tennessee had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 75.8 percent of all infants and 63.6 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 5.6 percent of babies in Tennessee were born to mothers who received late or no care.

o In that year, 4.5 percent of white infants and 9.1 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Tennessee made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 69.2 percent of all mothers in Tennessee received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Tennessee served only 56.5 percent of eligible women and children in 1989.

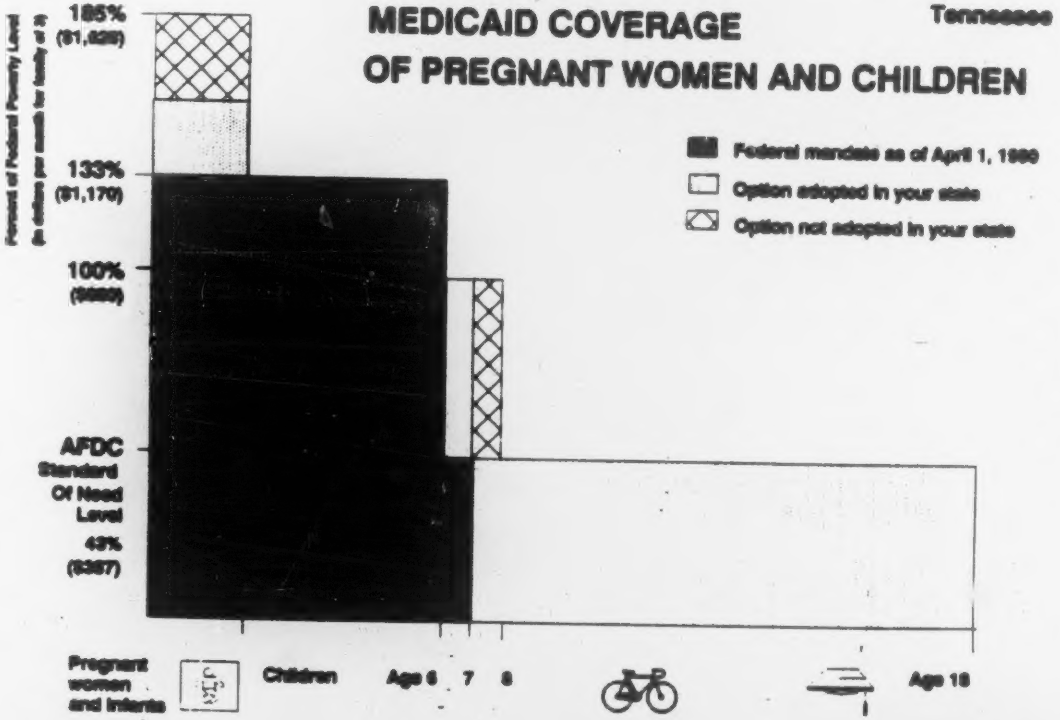
AFDC, the Aid to Families with Dependent Children program, in Tennessee sets its monthly cash benefit level at $184, or 20.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Tennessee.



March 1990
Children's Defense Fund

Texas

VITAL STATISTICS, 1987

o In 1987, 301,962 infants were born in Texas.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 2,760 infants died before their first birthday in Texas. The state's overall infant mortality rate 9.1 ranked 16th in the nation.

o In that year, the white rate was 8.3 and the black rate was 15.1.

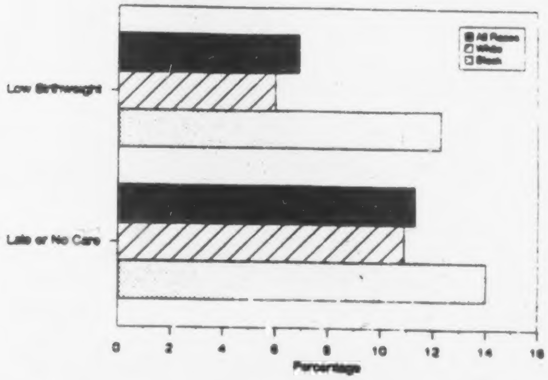
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 20,959 or 6.9 percent of babies born in Texas had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 67.3 percent of all infants and 57.3 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 11.3 percent of babies in Texas were born to mothers who received late or no care.

o In that year, 10.9 percent of white infants and 14.0 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Texas made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 58.9 percent of all mothers in Texas received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Texas served only 59.0 percent of eligible women and children in 1989.

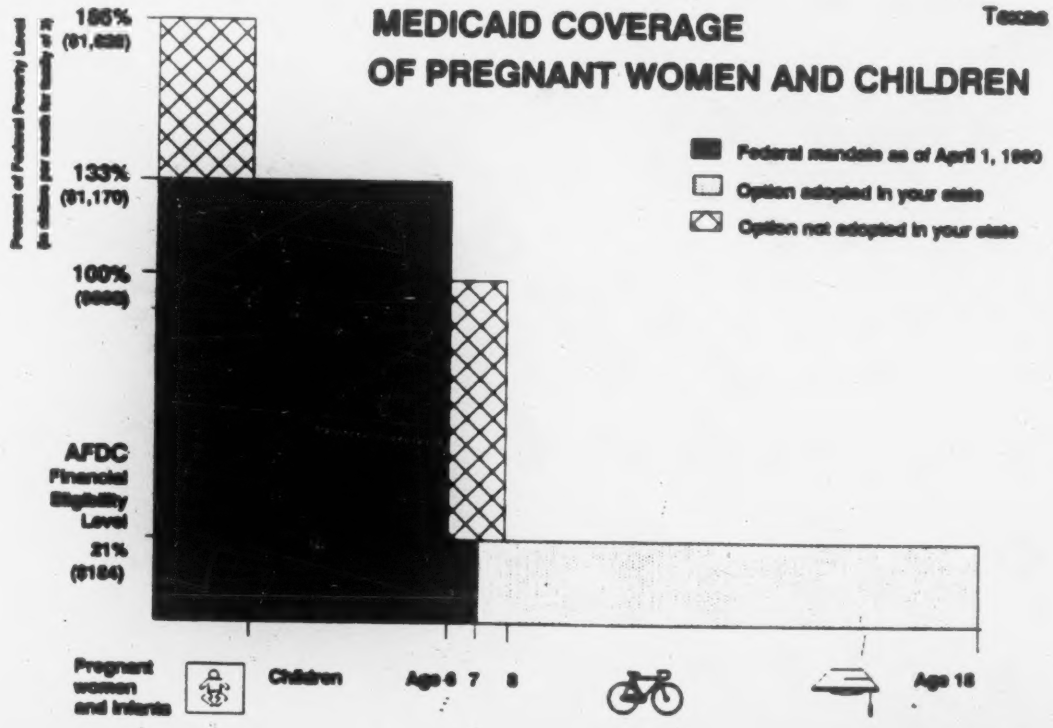
AFDC, the Aid to Families with Dependent Children program, in Texas sets its monthly cash benefit level at $184, or 20.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Texas.



March 1990
Children's Defense Fund

Utah

VITAL STATISTICS, 1987

o In 1987, 35,327 infants were born in Utah.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 312 infants died before their first birthday in Utah. The state's overall infant mortality rate 8.8 ranked 12th in the nation.

o In that year, the white rate was 8.9.

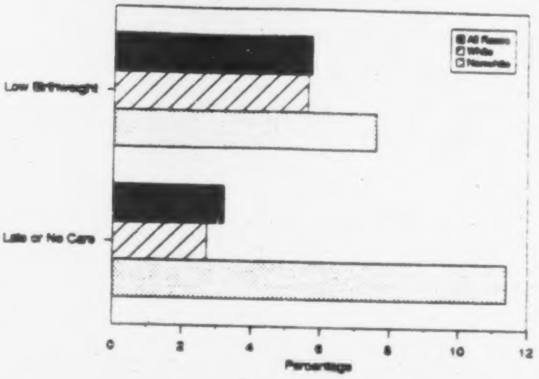
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 2,026 or 5.7 percent of babies born in Utah had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 82.2 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.2 percent of babies in Utah were born to mothers who received late or no care.

o In that year, 2.7 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Utah made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 72.4 percent of all mothers in Utah received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Utah served only 49.5 percent of eligible women and children in 1989.

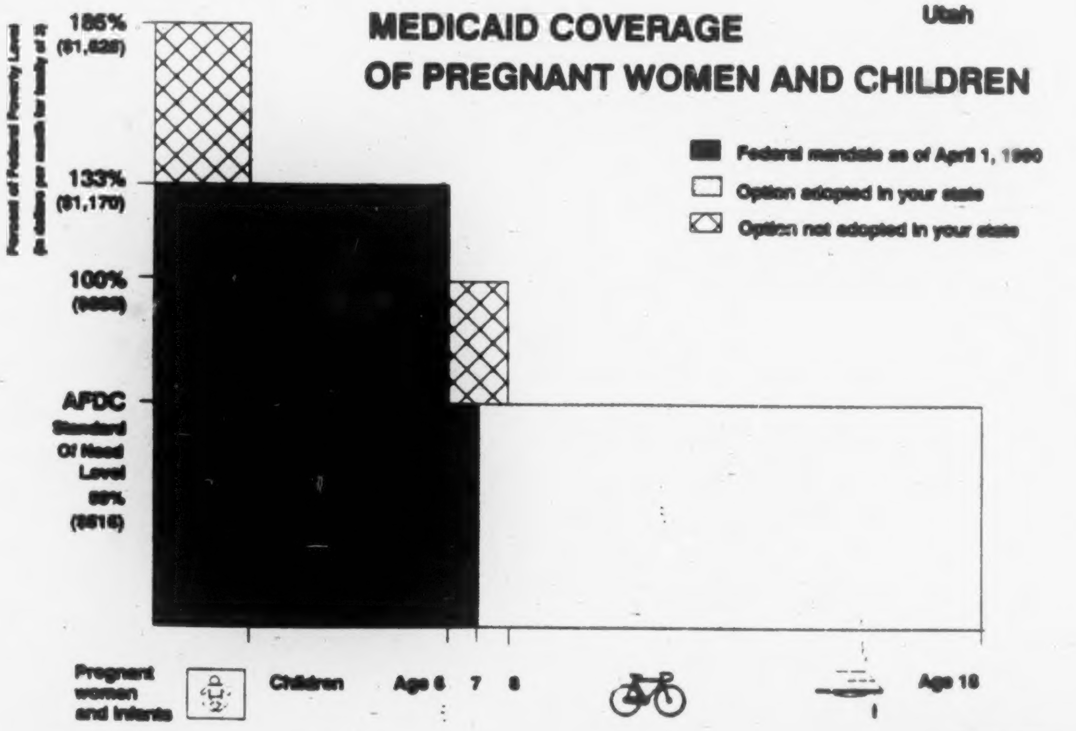
AFDC, the Aid to Families with Dependent Children program, in Utah sets its monthly cash benefit level at $387, or 44.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Utah.



March 1990
Children's Defense Fund

Vermont

VITAL STATISTICS, 1987

o In 1987, 8,130 infants were born in Vermont.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 69 infants died before their first birthday in Vermont. The state's overall infant mortality rate 8.5 ranked 6th in the nation.

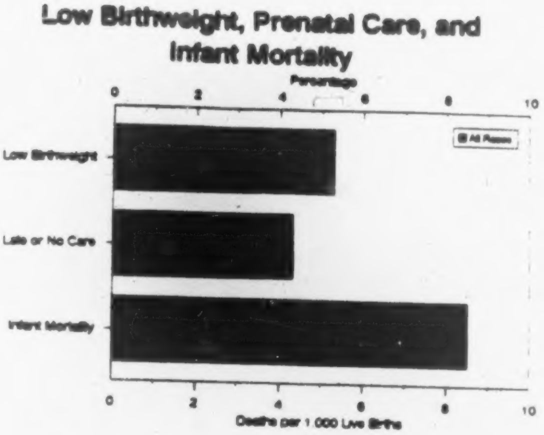
o In that year, the white rate was 8.4.

Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 427 or 5.3 percent of babies born in Vermont had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 79.0 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.3 percent of babies in Vermont were born to mothers who received late or no care.

o In that year, 4.2 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Vermont made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 62.6 percent of all mothers in Vermont received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Vermont served only 79.8 percent of eligible women and children in 1989.

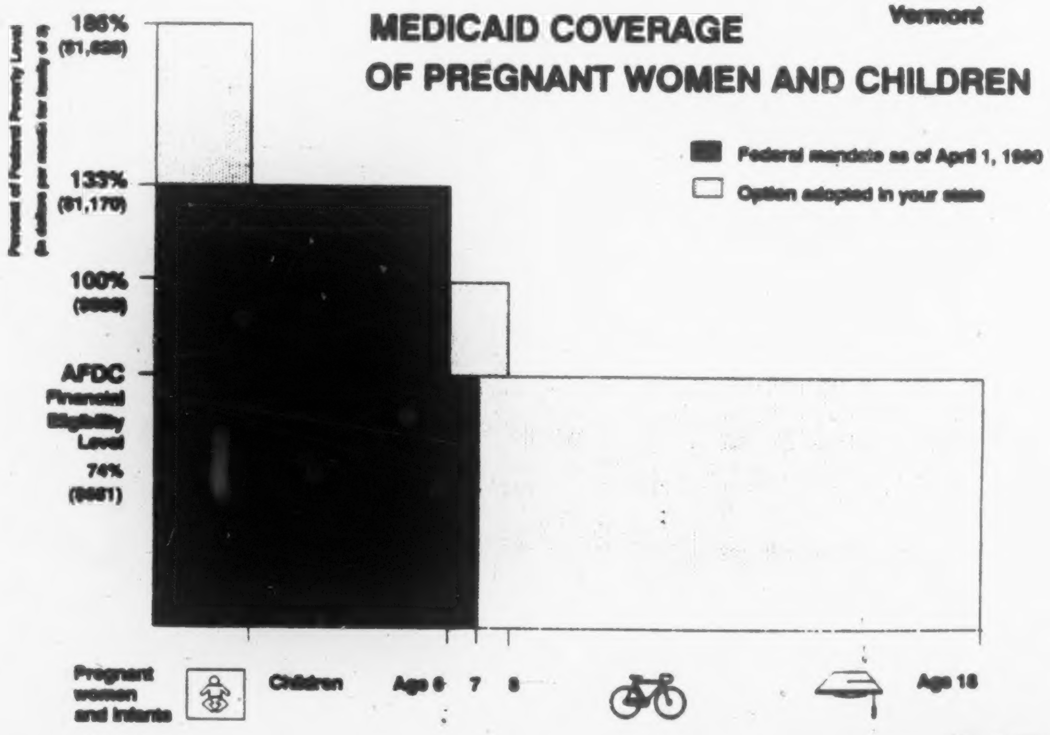
AFDC, the Aid to Families with Dependent Children program, in Vermont sets its monthly cash benefit level at $651, or 74.0 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Vermont.



March 1990
Children's Defense Fund

Virginia

VITAL STATISTICS, 1987

o In 1987, 90,333 infants were born in Virginia.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 923 infants died before their first birthday in Virginia. The state's overall infant mortality rate 10.2 ranked 31th in the nation.

o In that year, the white rate was 8.2 and the black rate was 17.0.

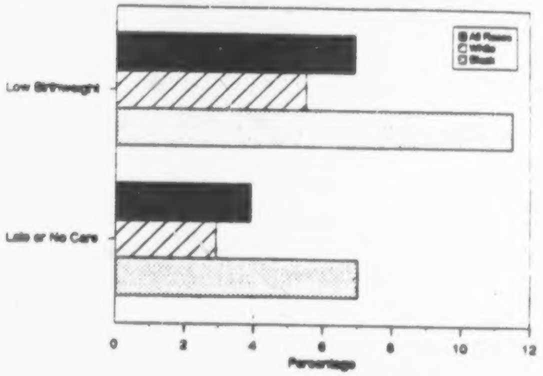
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 6,256 or 6.9 percent of babies born in Virginia had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 80.9 percent of all infants and 68.2 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.9 percent of babies in Virginia were born to mothers who received late or no care.

o In that year, 2.9 percent of white infants and 7.0 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Virginia made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 73.0 percent of all mothers in Virginia received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Virginia served only 53.4 percent of eligible women and children in 1989.

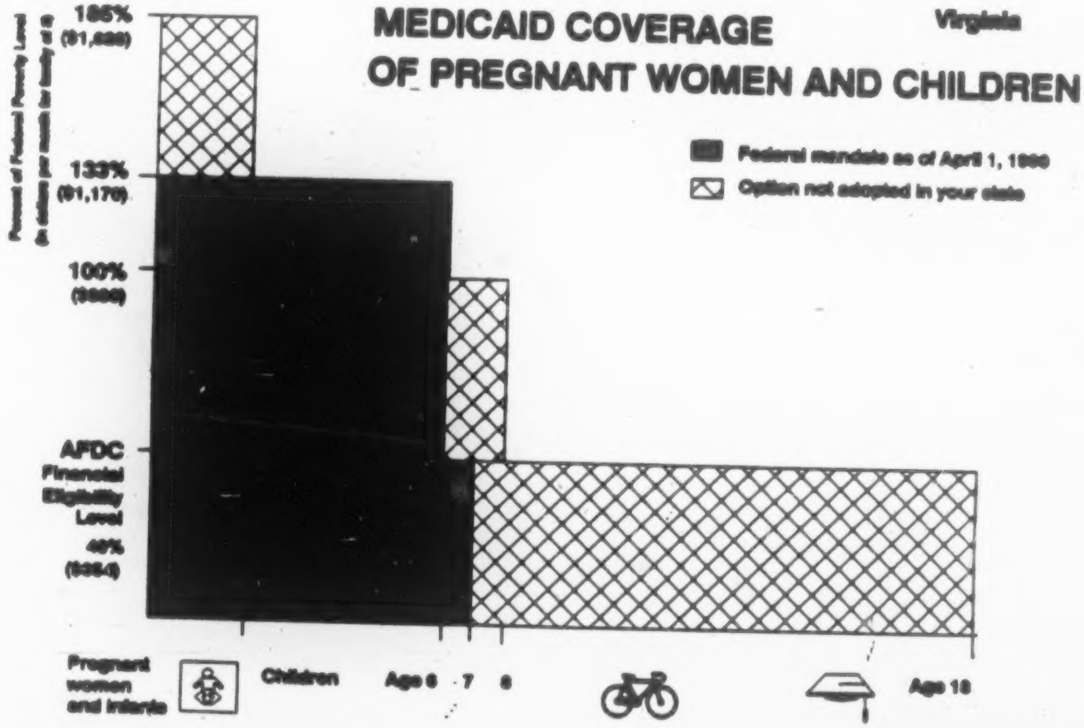
AFDC, the Aid to Families with Dependent Children program, in Virginia sets its monthly cash benefit level at $354, or 40.2 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Virginia.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

- In 1987, 70,361 infants were born in Washington.

Infant mortality is an indicator of the health status of the state's population.

- In 1987, 682 infants died before their first birthday in Washington. The state's overall infant mortality rate 9.7 ranked 24th in the nation.

- In that year, the white rate was 9.4 and the black rate was 15.2.

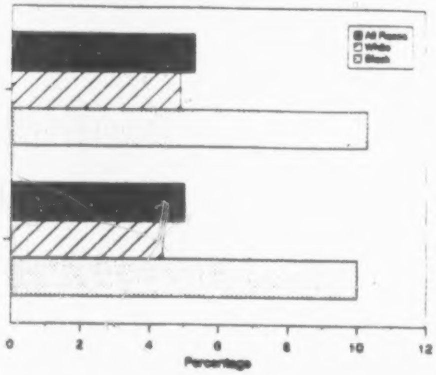
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

- In 1987, 3,746 or 5.3 percent of babies born in Washington had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. **Complete prenatal care costs less than one day in a neonatal intensive care unit.**

- In **1987**, only 77.1 percent of all infants and 63.5 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

- In 1987, 5.0 percent of babies in Washington were born to mothers who received late or no care.

- In that year, 4.4 percent of white infants and 10.0 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Washington made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

- **In 1987, only 71.7 percent of all mothers in Washington received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Washington served only 46.1 percent of eligible women and children in 1989.

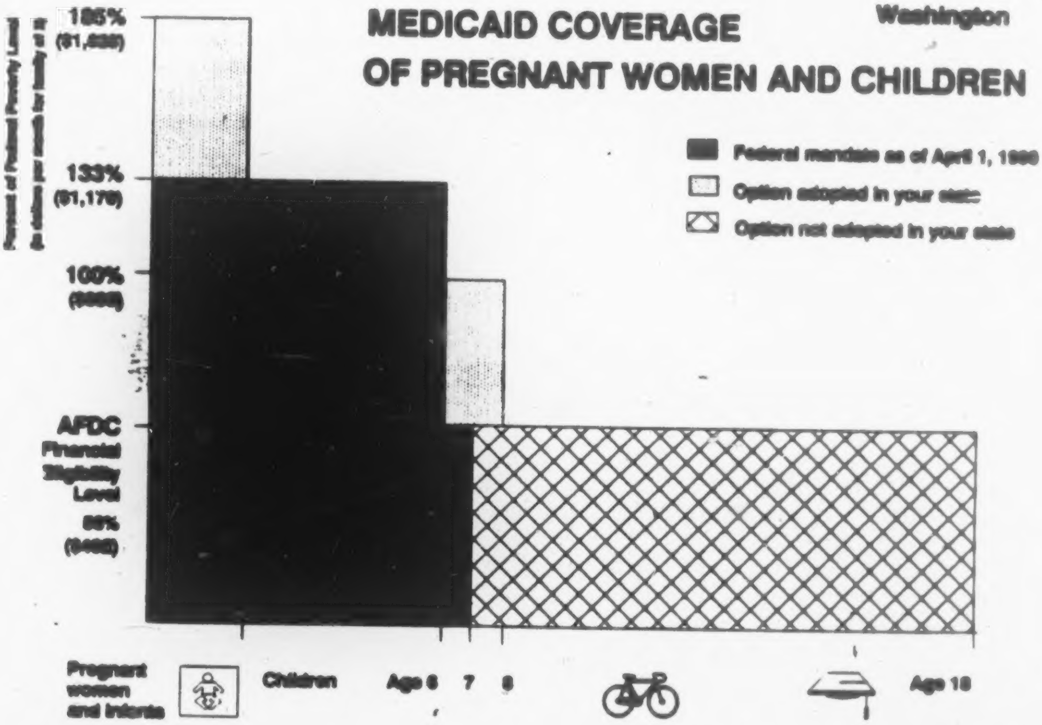
AFDC, the Aid to Families with Dependent Children program, in Washington sets its monthly cash benefit level at $492, or 55.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Washington.



March 1990
Children's Defense Fund

VITAL STATISTICS, 1987

o In 1987, 22,425 infants were born in West Virginia.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 219 infants died before their first birthday in West Virginia. The state's overall infant mortality rate 9.8 ranked 26th in the nation.

o In that year, the white rate was 9.5.

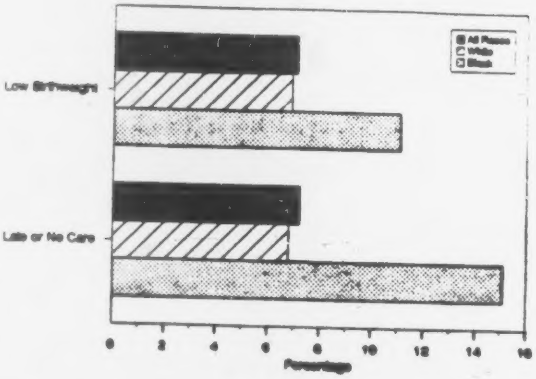
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 1,591 or 7.1 percent of babies born in West Virginia had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 70.3 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 7.2 percent of babies in West Virginia were born to mothers who received late or no care.

o In that year, 6.8 percent of white infants and 15.1 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987 West Virginia made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 62.1 percent of all mothers in West Virginia received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in West Virginia served only 44.7 percent of eligible women and children in 1989.

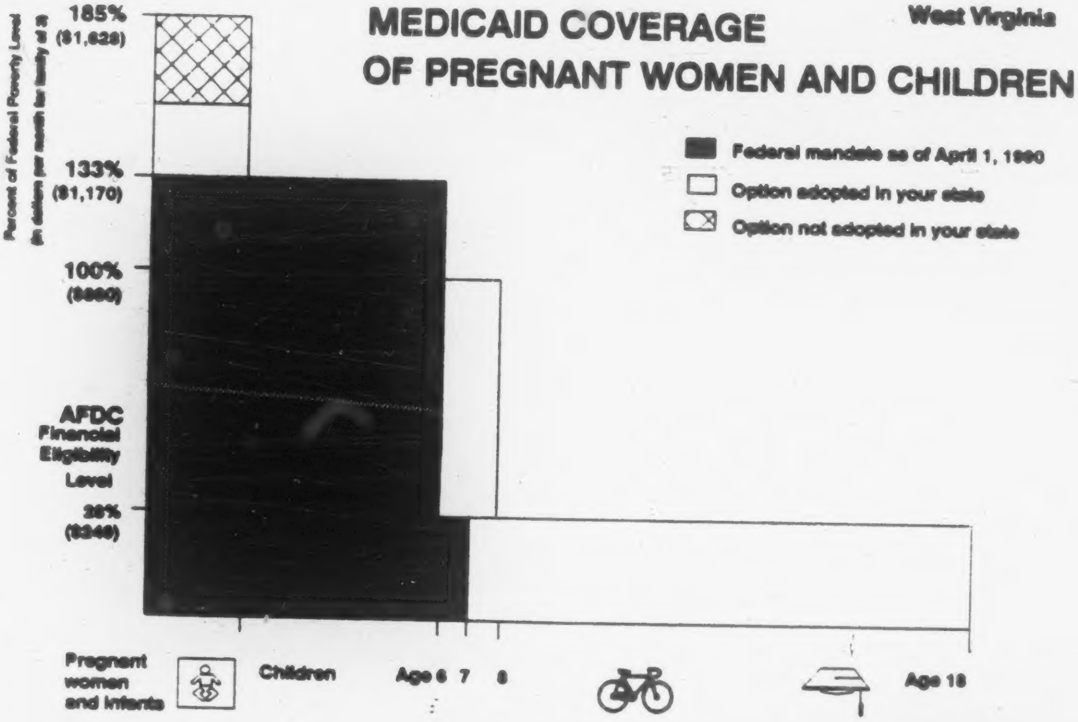
AFDC, the Aid to Families with Dependent Children program, in West Virginia sets its monthly cash benefit level at $249, or 28.3 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by West Virginia.



March 1990
Children's Defense Fund

Wisconsin

VITAL STATISTICS, 1987

o In 1987, 70,940 infants were born in Wisconsin.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 612 infants died before their first birthday in Wisconsin. The state's overall infant mortality rate 8.6 ranked 8th in the nation.

o In that year, the white rate was 7.8 and the black rate was 16.5.

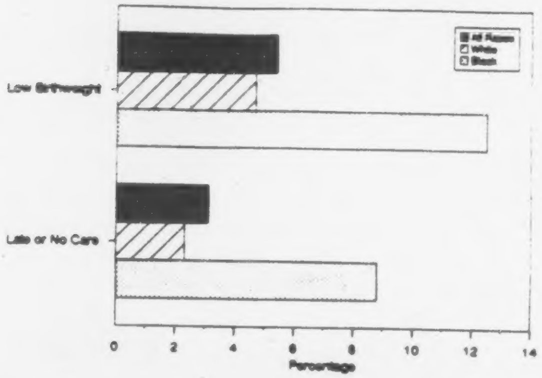
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 3,850 or 5.4 percent of babies born in Wisconsin had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 83.3 percent of all infants and 64.6 percent of black infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 3.1 percent of babies in Wisconsin were born to mothers who received late or no care.

o In that year, 2.3 percent of white infants and 8.8 percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Wisconsin made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o In 1987, only 78.6 percent of all mothers in Wisconsin received care that could be considered even minimally adequate.

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Wisconsin served only 56.8 percent of eligible women and children in 1989.

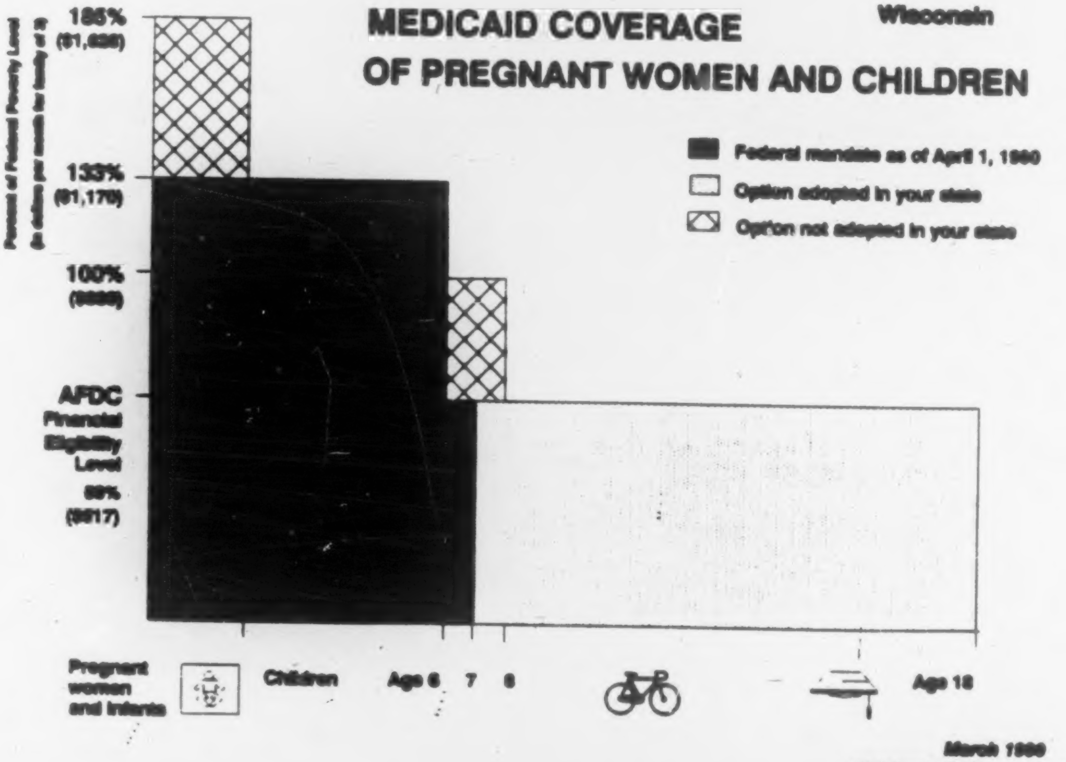
AFDC, the Aid to Families with Dependent Children program, in Wisconsin sets its monthly cash benefit level at $517, or 58.8 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Wisconsin.



March 1990
Children's Defense Fund

Wyoming

VITAL STATISTICS, 1987

o In 1987, 7,538 infants were born in Wyoming.

Infant mortality is an indicator of the health status of the state's population.

o In 1987, 69 infants died before their first birthday in Wyoming. The state's overall infant mortality rate 9.2 ranked 17th in the nation.

o In that year, the white rate was 9.0.

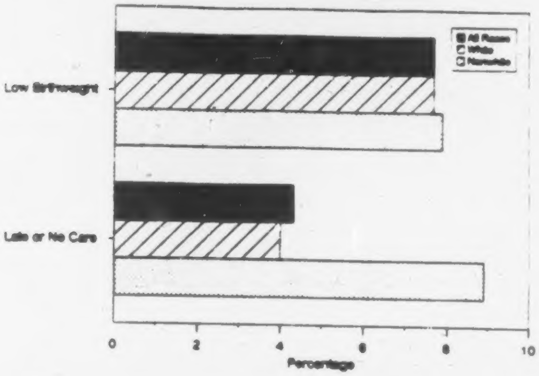
Low birthweight (less than 5.5 pounds) is a leading cause of infant death and childhood disability. Preventable low birthweight costs the nation millions of dollars each year.

o In 1987, 578 or 7.7 percent of babies born in Wyoming had a low birthweight.

Prenatal Care can save money and save lives. Early and continuous prenatal care can help prevent low birthweight. and save $3 for every $1 invested. Complete prenatal care costs less than one day in a neonatal intensive care unit.

o In 1987, only 79.4 percent of all infants were born to mothers who received prenatal care early (beginning in the first three months of pregnancy).

Low Birthweight and Prenatal Care



Late or no prenatal care (no care before the last three months of pregnancy or none at all) leads to an increased risk of infant death.

o In 1987, 4.3 percent of babies in Wyoming were born to mothers who received late or no care.

o In that year, 4.0 percent of white infants and n/a percent of black infants were born without benefit of care before the seventh month of pregnancy.

Between 1978 and 1987, Wyoming made progress insufficient to allow it to meet the U.S. Surgeon General's 1990 goal to have 90 percent of all women begin care in the first three months of pregnancy.

o **In 1987, only 72.2 percent of all mothers in Wyoming received care that could be considered even minimally adequate.**

STATE INVESTMENT IN KEY MATERNAL AND CHILD HEALTH PROGRAMS, 1989

Several effective and cost-effective programs exist to improve the health of mothers and children. However, funding for these programs is not adequate to meet all need.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, in Wyoming served only 77.5 percent of eligible women and children in 1989.

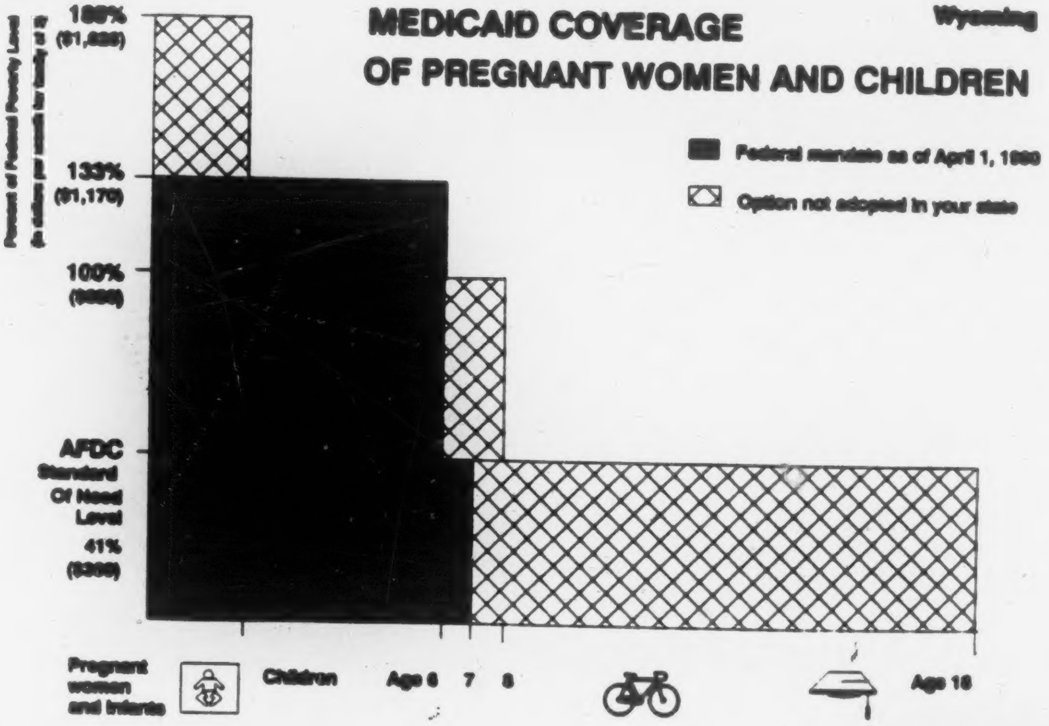
AFDC, the Aid to Families with Dependent Children program, in Wyoming sets its monthly cash benefit level at $360, or 40.9 percent of the federal poverty level ($880 per month for a family of three).

MEDICAID is the largest source of health care coverage for low-income women and children.

As a result of changes in federal law, starting April 1, 1990, all states will be required to provide Medicaid coverage to pregnant women, infants, and children up to their sixth birthday with family incomes below 133 percent of the federal poverty level ($1,170 per month for a family of three).

In addition, states retain the option to extend coverage to all pregnant women and infants with family incomes up to 185 percent of the federal poverty level ($1,628 per month for a family of three) and to cover all "financially needy" children (with family incomes below the state's AFDC financial eligibility levels).

The chart below illustrates the coverage options for pregnant women, infants, and children that have been adopted by Wyoming.



March 1990
Children's Defense Fund

TABLE 2.1
Infant Mortality Rates, by Race, U.S., 1940-1987

Year	All Races	White	---Nonwhite---		Ratio of Black to White
			Black	Total	
1940	47.0	43.2	72.9	73.8	1.69
1941	45.3	41.2	74.1	74.8	1.80
1942	40.4	37.3	64.2	64.6	1.72
1943	40.4	37.5	61.5	62.5	1.64
1944	39.8	36.9	59.3	60.3	1.61
1945	38.3	35.6	56.2	57.0	1.58
1946	33.8	31.8	48.8	49.5	1.53
1947	32.2	30.1	47.7	48.5	1.58
1948	32.0	29.9	45.7	46.5	1.58
1949	31.3	28.9	46.8	47.3	1.62
1950	29.2	26.8	43.9	44.5	1.64
1951	28.4	25.8	44.3	44.8	1.72
1952	28.4	25.5	46.9	47.0	1.84
1953	27.8	25.0	44.5	44.7	1.78
1954	26.6	23.9	42.9	42.9	1.79
1955	26.4	23.6	43.1	42.8	1.83
1956	26.0	23.2	42.4	42.1	1.83
1957	26.3	23.3	44.2	43.7	1.90
1958	27.1	23.8	46.3	45.7	1.95
1959	26.4	23.2	44.8	44.0	1.93
1960	26.0	22.9	44.3	43.2	1.93
1961	25.3	22.4	41.8	40.7	1.87
1962	25.3	22.3	42.6	41.4	1.91
1963	25.2	22.2	42.8	41.5	1.93
1964	24.8	21.6	42.3	41.1	1.96
1965	24.7	21.5	41.7	40.3	1.94
1966	23.7	20.6	40.2	38.8	1.95
1967	22.4	19.7	37.5	35.9	1.90
1968	21.8	19.2	36.2	34.5	1.89
1969	20.9	18.4	34.8	32.9	1.89
1970	20.0	17.8	32.6	30.9	1.83
1971	19.1	17.1	30.3	28.5	1.77
1972	18.5	16.4	29.6	27.7	1.80
1973	17.7	15.8	28.1	26.2	1.78
1974	16.7	14.8	26.8	24.9	1.81
1975	16.1	14.2	26.2	24.2	1.85
1976	15.2	13.3	25.5	23.5	1.92
1977	14.1	12.3	23.6	21.7	1.92
1978	13.8	12.0	23.1	21.1	1.93
1979	13.1	11.4	21.8	19.8	1.91
1980	12.6	11.0	21.4	19.1	1.95
1981	11.9	10.5	20.0	17.8	1.90
1982	11.5	10.1	19.6	17.3	1.94
1983	11.2	9.7	19.2	16.8	1.98
1984	10.8	9.4	18.4	16.1	1.96
1985	10.6	9.3	18.2	15.8	1.96
1986	10.4	8.9	18.0	15.7	2.02
1987	10.1	8.6	17.9	15.4	2.08

Source: National Center for Health Statistics.

TABLE 2.2

Neonatal Mortality Rates, by Race, U.S., Selected Years, 1950-1987

Year	All Races	White	---Nonwhite---		Ratio of Black to White
			Black	Total	
1950	20.5	19.4	27.8	27.5	1.43
1955	19.1	17.7	27.8	27.2	1.57
1960	18.7	17.2	27.8	26.9	1.62
1961	18.4	16.9	26.2	26.2	1.55
1962	18.3	16.9	27.1	26.1	1.60
1963	18.2	16.7	27.0	26.1	1.62
1964	17.9	16.2	27.4	26.5	1.69
1965	17.7	16.1	26.5	15.4	1.65
1966	17.2	15.6	25.9	24.8	1.66
1967	16.5	15.0	25.0	23.8	1.67
1968	16.1	14.7	24.3	23.0	1.65
1969	15.6	14.2	23.9	22.5	1.68
1970	15.1	13.8	22.8	21.4	1.65
1971	14.2	13.0	21.0	19.6	1.62
1972	13.6	12.4	20.7	19.2	1.67
1973	13.0	11.8	19.3	17.9	1.64
1974	12.3	11.1	18.7	17.2	1.68
1975	11.6	10.4	18.3	16.8	1.76
1976	10.9	9.7	17.9	16.3	1.85
1977	9.9	8.7	16.1	14.7	1.85
1978	9.5	8.4	15.5	14.0	1.85
1979	8.9	7.9	14.3	12.9	1.81
1980	8.5	7.5	14.1	12.5	1.88
1981	8.0	7.1	13.4	11.8	1.89
1982	7.7	6.8	13.1	11.3	1.93
1983	7.3	6.4	12.4	10.8	1.94
1984	7.0	6.2	11.8	10.2	1.90
1985	7.0	6.1	12.1	10.3	1.98
1986	6.7	5.8	11.7	10.1	2.02
1987	6.5	5.5	11.7	10.0	2.13

Source: National Center for Health Statistics.

TABLE 2.3
Postneonatal Mortality Rates, by Race, U.S., Selected Years, 1950-1987

			---Nonwhite---		
Year	All Races	White	Black	Total	Ratio of Black to White
1950	8.7	7.4	16.1	17.0	2.18
1955	7.3	5.9	15.3	15.6	2.59
1960	7.3	5.7	16.5	16.3	2.89
1961	6.9	5.5	14.7	14.5	2.67
1962	7.0	5.4	15.5	15.3	2.87
1963	7.0	5.5	15.8	15.4	2.87
1964	6.9	5.4	14.8	14.6	2.74
1965	7.0	5.4	15.2	14.9	2.81
1966	6.5	5.0	14.3	14.0	2.86
1967	5.9	4.7	12.5	12.1	2.66
1968	5.7	4.5	11.9	11.5	2.64
1969	5.3	4.2	10.8	10.4	2.57
1970	4.9	4.0	9.9	9.5	2.48
1971	4.9	4.1	9.3	8.9	2.27
1972	4.9	4.0	8.9	8.5	2.23
1973	4.7	4.0	8.8	8.3	2.20
1974	4.4	3.7	8.1	7.7	2.19
1975	4.5	3.8	7.9	7.4	2.08
1976	4.3	3.6	7.6	7.2	2.11
1977	4.2	3.6	7.6	7.0	2.11
1978	4.3	3.6	7.6	7.1	2.11
1979	4.2	3.5	7.5	6.9	2.14
1980	4.1	3.5	7.3	6.6	2.09
1981	3.9	3.4	6.6	6.0	1.94
1982	3.8	3.3	6.5	6.0	1.97
1983	3.9	3.3	6.8	6.0	2.06
1984	3.8	3.2	6.6	5.9	2.06
1985	3.7	3.2	6.1	5.5	1.91
1986	3.6	3.1	6.3	5.6	2.03
1987	3.6	3.1	6.1	5.4	1.97

Source: National Center for Health Statistics.

TABLE 2.4
Percentage of Infants Born at Low Birthweight, by Race, U.S., Selected Years, 1950-1987

Year	All Races	White	---Nonwhite---		Ratio of Black to White
			Black	Total	
1950	7.5	7.1	--	10.2	--
1955	7.6	6.8	--	11.7	--
1960	7.7	6.8	--	12.8	--
1961	7.8	6.9	--	13.0	--
1962	8.0	7.0	--	13.1	--
1963	8.2	7.1	--	13.6	--
1964	8.2	7.1	--	13.9	--
1965	8.3	7.2	--	13.8	--
1966	8.3	7.2	--	13.9	--
1967	8.2	7.1	--	13.6	--
1968	8.2	7.1	--	13.7	--
1969	8.1	7.0	14.1	13.5	2.01
1970	7.9	6.8	13.9	13.3	2.04
1971	7.7	6.6	13.4	12.7	2.03
1972	7.7	6.5	13.6	12.9	2.09
1973	7.6	6.4	13.3	12.5	2.08
1974	7.4	6.3	13.1	12.4	2.08
1975	7.4	6.3	13.1	12.2	2.08
1976	7.3	6.1	13.0	12.1	2.13
1977	7.1	5.9	12.8	11.9	2.17
1978	7.1	5.9	12.8	11.9	2.17
1979	6.9	5.8	12.6	11.6	2.17
1980	6.8	5.7	12.5	11.5	2.19
1981	6.8	5.7	12.5	11.4	2.19
1982	6.8	5.6	12.4	11.2	2.21
1983	6.8	5.6	12.6	11.2	2.25
1984	6.7	5.6	12.4	11.1	2.21
1985	6.8	5.6	12.4	11.1	2.21
1986	6.8	5.6	12.5	11.2	2.23
1987	6.9	5.7	12.7	11.3	2.23

Source: National Center for Health Statistics.

TABLE 2.5
Percentage of Infants Born at Very Low Birthweight, by Race, U.S., 1979-1987

Year	All Races	White	Black
1979	1.15	0.90	2.37
1980	1.15	0.90	2.44
1981	1.16	0.90	2.47
1982	1.18	0.92	2.51
1983	1.19	0.93	2.55
1984	1.19	0.92	2.56
1985	1.21	0.94	2.65
1986	1.21	0.93	2.66
1987	1.24	0.94	2.73

Source: National Center for Health Statistics.

TABLE 2.6
Percentage of Babies Born to Women Receiving First Trimester Care, by Race, U.S., 1969-1987

Year	All Races	White	---Nonwhite---	
			Black	Total
1969	68.0	72.4	42.7	44.5
1970	67.9	72.4	44.3	46.0
1971	68.6	73.0	44.3	48.1
1972	69.4	73.6	49.0	50.6
1973	70.8	74.9	51.4	52.9
1974	72.1	75.9	53.9	55.3
1975	72.3	75.9	55.8	57.0
1976	73.5	76.8	57.7	58.8
1977	74.1	77.3	59.0	60.1
1978	74.9	78.2	60.2	61.4
1979	75.9	79.1	61.6	62.9
1980	76.3	79.3	62.7	63.8
1981	76.3	79.4	62.4	63.8
1982	76.1	79.3	61.5	63.2
1983	76.2	79.4	61.5	63.4
1984	76.5	79.6	62.2	64.1
1985	76.2	79.4	61.8	63.7
1986	75.9	79.2	61.6	63.7
1987	76.0	79.4	61.2	63.4

Source: National Center for Health Statistics.

TABLE 2.7
Percentage of Babies Born to Women Receiving Late or No Prenatal Care, by Race, U.S., 1969-1987

Year	All Races	White	Black	Total
1969	8.1	6.3	18.2	17.7
1970	7.9	6.2	16.6	16.2
1971	7.2	5.8	14.6	14.1
1972	7.0	5.5	13.2	13.1
1973	6.7	5.4	12.4	12.3
1974	6.2	5.0	11.4	11.2
1975	6.0	5.0	10.5	10.4
1976	5.7	4.8	9.9	9.8
1977	5.6	4.7	9.6	9.5
1978	5.4	4.5	9.3	9.1
1979	5.1	4.3	8.9	8.8
1980	5.1	4.3	8.8	8.8
1981	5.2	4.3	9.1	8.9
1982	5.5	4.5	9.6	9.3
1983	5.6	4.6	9.7	9.4
1984	5.6	4.7	9.6	9.3
1985	5.7	4.7	10.0	9.5
1986	6.0	5.0	10.6	9.9
1987	6.1	5.0	11.1	10.3

Note: Late care is defined as starting in the third trimester.

Source: National Center for Health Statistics.

TABLE 2.8

Births to Mothers Under Age 20 as a Percentage of Births, by Race, U.S., Selected Years, 1950-1986

Year	All Races	White	---Nonwhite---	
			Black	Total
1950	11.9	10.5	21.7	21.2
1955	12.1	10.8	19.1	19.6
1960	13.9	12.8	--	20.3
1961	14.3	13.2	--	20.2
1962	14.6	13.6	--	20.6
1963	14.5	13.4	--	21.2
1964	14.7	13.3	23.1	22.3
1965	15.9	14.3	25.2	24.0
1966	17.5	15.6	27.8	26.4
1967	17.2	15.0	20.5	27.9
1968	17.2	14.8	30.9	29.1
1969	17.1	14.6	31.0	29.2
1970	17.6	15.1	31.3	29.5
1971	18.0	15.4	31.7	29.7
1972	19.3	16.5	33.8	31.5
1973	19.7	16.8	34.4	32.0
1974	19.2	16.5	33.9	31.3
1975	18.9	16.3	32.9	30.3
1976	18.0	15.5	31.2	28.7
1977	17.2	14.7	29.7	27.3
1978	16.6	14.3	28.5	26.0
1979	16.0	13.8	27.5	25.1
1980	15.6	13.5	26.5	23.8
1981	14.8	12.9	25.3	22.6
1982	14.2	12.3	24.6	21.9
1983	13.7	11.8	24.3	21.4
1984	13.0	11.1	23.6	20.8
1985	12.7	10.8	23.0	20.1
1986	12.6	10.6	22.8	19.9
1987	12.4	10.4	22.6	19.6

Source: National Center for Health Statistics.

Infant Mortality Rate, All Races, 1987

Rank	State	Rate
1	Massachusetts	7.2
2	New Hampshire	7.8
3	New Mexico	8.1
4	Maine	8.3
5	Rhode Island	8.4
6	Vermont	8.5
7	Nebraska	8.6
8	Wisconsin	8.6
9	Minnesota	8.7
10	North Dakota	8.7
11	Connecticut	8.8
12	Utah	8.8
13	Hawaii	8.9
14	California	9.0
15	Iowa	9.1
16	Texas	9.1
17	Wyoming	9.2
18	Ohio	9.3
19	New Jersey	9.4
20	Kansas	9.5
21	Arizona	9.5
22	Oklahoma	9.6
23	Nevada	9.6
24	Washington	9.7
25	Kentucky	9.7
26	West Virginia	9.8
27	Colorado	9.8
28	South Dakota	9.9
29	Montana	10.0
30	Indiana	10.1
31	Virginia	10.2
32	Missouri	10.2
33	Arkansas	10.3
34	Idaho	10.4
35	Pennsylvania	10.4
36	Alaska	10.4
37	Oregon	10.4
38	Florida	10.6
39	New York	10.7
40	Michigan	10.7
41	Maryland	11.5
42	Illinois	11.6
43	Tennessee	11.7
44	Delaware	11.7
45	Louisiana	11.8
46	North Carolina	11.9
47	Alabama	12.2
48	Georgia	12.7
49	South Carolina	12.7
50	Mississippi	13.7
51	District of Columbia	19.3
	United States	10.1

Infant Mortality Rate, White, 1987

Rank	State	Rate
1	Massachusetts	6.6
2	New Jersey	7.3
3	Connecticut	7.3
4	New Hampshire	7.8
5	New Mexico	7.8
6	Wisconsin	7.8
7	Florida	8.0
8	Nebraska	8.0
9	South Dakota	8.0
10	Louisiana	8.0
11	Rhode Island	8.1
12	North Dakota	8.1
13	Maine	8.2
14	Ohio	8.2
15	Virginia	8.2
16	Minnesota	8.2
17	Hawaii	8.3
18	Texas	8.3
19	Pennsylvania	8.3
20	Alaska	8.3
21	Michigan	8.4
22	Vermont	8.4
23	Kansas	8.5
24	California	8.7
25	Arkansas	8.7
26	Maryland	8.8
27	Iowa	8.8
28	Alabama	8.8
29	Missouri	8.9
30	Utah	8.9
31	Arizona	8.9
32	New York	9.0
33	Indiana	9.0
34	Wyoming	9.0
35	Illinois	9.2
36	Nevada	9.2
37	Tennessee	9.2
38	Montana	9.3
39	Delaware	9.4
40	Washington	9.4
41	North Carolina	9.4
42	Kentucky	9.5
43	Oklahoma	9.5
44	West Virginia	9.5
45	Colorado	9.6
46	South Carolina	9.7
47	Mississippi	9.9
48	Georgia	10.3
49	Idaho	10.4
50	Oregon	10.5
	United States	8.6

Infant Mortality Rate, Black, 1987

Rank	State	Rate
1	Kentucky	12.8
2	Oklahoma	14.0
3	Massachusetts	14.4
4	Texas	15.1
5	Washington	15.2
6	Ohio	15.3
7	Arizona	15.7
8	Arkansas	15.7
9	California	16.0
10	Colorado	16.4
11	Wisconsin	16.5
12	Virginia	17.0
13	New York	17.2
14	Minnesota	17.4
15	Georgia	17.5
16	Missouri	17.5
17	Louisiana	17.7
18	South Carolina	17.8
19	Nevada	17.9
20	New Jersey	18.1
21	Maryland	18.1
22	Mississippi	18.2
23	North Carolina	18.2
24	Florida	18.7
25	Alabama	19.0
26	Kansas	19.2
27	Indiana	19.4
28	Connecticut	19.5
29	Tennessee	19.7
30	Delaware	20.0
31	Illinois	20.6
32	Michigan	21.4
33	Pennsylvania	22.3
34	District of Columbia	22.8
	United States	17.9

Infant Mortality Rate, Nonwhite, 1987

Rank	State	Rate
1	Hawaii	9.1
2	New Mexico	9.4
3	Oklahoma	9.9
4	California	10.3
5	Nevada	11.2
6	Massachusetts	11.6
7	Colorado	11.6
8	Washington	11.8
9	Kentucky	12.0
10	Arizona	12.3
11	Minnesota	12.9
12	Texas	13.5
13	Alaska	14.4
14	Wisconsin	14.5
15	Ohio	14.7
16	Arkansas	15.1
17	New York	15.3
18	Virginia	15.6
19	Kansas	16.1
20	Missouri	16.4
21	Maryland	16.5
22	New Jersey	16.6
23	Louisiana	16.9
24	Georgia	17.0
25	Connecticut	17.2
26	North Carolina	17.2
27	South Carolina	17.5
28	Mississippi	17.9
29	Florida	18.0
30	Indiana	18.1
31	Alabama	18.6
32	Delaware	18.7
33	South Dakota	18.7
34	Illinois	18.9
35	Tennessee	19.4
36	Michigan	20.1
37	Pennsylvania	20.5
38	District of Columbia	21.0
	United States	15.4

Neonatal Mortality Rate, All Races, 1987

Rank	State	Rate
1	Utah	4.2
2	Montana	4.6
3	Nebraska	4.7
4	North Dakota	4.9
5	South Dakota	5.0
6	Maine	5.0
7	New Mexico	5.1
8	Wisconsin	5.1
9	Massachusetts	5.1
10	Minnesota	5.1
11	Nevada	5.2
12	Vermont	5.2
13	Washington	5.2
14	Hawaii	5.4
15	Alaska	5.5
16	Iowa	5.5
17	New Hampshire	5.5
18	California	5.5
19	Oregon	5.5
20	Kansas	5.6
21	Oklahoma	5.6
22	Texas	5.7
23	Ohio	5.7
24	Arkansas	5.9
25	Colorado	6.0
26	Arizona	6.0
27	Kentucky	6.0
28	Rhode Island	6.1
29	Wyoming	6.1
30	Idaho	6.2
31	Connecticut	6.2
32	New Jersey	6.3
33	Missouri	6.3
34	Indiana	6.4
35	Florida	6.7
36	Virginia	6.7
37	West Virginia	6.7
38	Michigan	7.2
39	Pennsylvania	7.3
40	New York	7.3
41	Tennessee	7.6
42	Louisiana	7.7
43	Illinois	7.8
44	Maryland	7.9
45	North Carolina	8.1
46	Alabama	8.1
47	Delaware	8.3
48	Georgia	8.4
49	South Carolina	8.6
50	Mississippi	8.8
51	District of Columbia	14.4
	United States	6.5

Neonatal Mortality Rate, White, 1987

Rank	State	Rate
1	Utah	4.3
2	Montana	4.4
3	Nebraska	4.4
4	Alaska	4.5
5	Wisconsin	4.5
6	South Dakota	4.5
7	New Mexico	4.7
8	Massachusetts	4.7
9	Nevada	4.7
10	North Dakota	4.8
11	Maine	4.9
12	Minnesota	4.9
13	New Jersey	5.0
14	Washington	5.1
15	Connecticut	5.1
16	Arkansas	5.1
17	Florida	5.1
18	Kansas	5.1
19	Louisiana	5.1
20	Ohio	5.1
21	Texas	5.2
22	Vermont	5.2
23	Virginia	5.2
24	California	5.3
25	Michigan	5.3
26	Iowa	5.5
27	Oklahoma	5.5
28	New Hampshire	5.6
29	Indiana	5.6
30	Missouri	5.6
31	Oregon	5.7
32	Arizona	5.7
33	Rhode Island	5.7
34	Kentucky	5.7
35	Colorado	5.8
36	Maryland	5.9
37	Tennessee	5.9
38	Pennsylvania	6.0
39	Mississippi	6.0
40	Alabama	6.1
41	North Carolina	6.2
42	Idaho	6.2
43	Wyoming	6.2
44	New York	6.3
45	Illinois	6.3
46	South Carolina	6.5
47	West Virginia	6.6
48	Delaware	6.8
49	Georgia	7.1
	United States	5.5

Neonatal Mortality Rate, Black, 1987

Rank	State	Rate
1	Washington	8.6
2	Arkansas	8.7
3	Ohio	9.0
4	Oklahoma	9.1
5	Kentucky	9.2
6	Texas	9.5
7	California	9.6
8	Wisconsin	10.5
9	Massachusetts	10.5
10	Missouri	10.5
11	Colorado	10.7
12	Arizona	11.1
13	Georgia	11.2
14	New York	11.3
15	Kansas	11.5
16	Virginia	11.7
17	Louisiana	11.8
18	Florida	11.8
19	New Jersey	11.9
20	South Carolina	12.1
21	Alabama	12.2
22	Mississippi	12.2
23	Maryland	12.8
24	Indiana	12.9
25	North Carolina	12.9
26	Illinois	13.1
27	Tennessee	13.3
28	Delaware	13.6
29	Connecticut	14.7
30	Pennsylvania	15.0
31	Michigan	15.8
32	District of Columbia	17.2
	United States	11.7

Neonatal Mortality Rate, Nonwhite, 1987

Rank	State	Rate
1	Hawaii	5.9
2	Oklahoma	6.1
3	Washington	6.1
4	California	6.2
5	New Mexico	7.0
6	Colorado	7.4
7	Minnesota	7.5
8	Arizona	7.6
9	Arkansas	8.4
10	Massachusetts	8.4
11	Texas	8.4
12	Kentucky	8.6
13	Ohio	8.7
14	Wisconsin	9.3
15	Kansas	9.3
16	Missouri	9.8
17	New York	10.1
18	Virginia	10.7
19	Georgia	10.8
20	New Jersey	11.0
21	Louisiana	11.2
22	Florida	11.3
23	Maryland	11.6
24	Alabama	11.9
25	Mississippi	11.9
26	South Carolina	11.9
27	Indiana	12.0
28	Illinois	12.1
29	North Carolina	12.2
30	Delaware	12.7
31	Tennessee	12.9
32	Connecticut	13.0
33	Pennsylvania	13.9
34	Michigan	14.7
35	District of Columbia	15.9
	United States	10.0

Postneonatal Mortality Rate, All Races, 1987

Rank	State	Rate
1	Massachusetts	2.1
2	New Hampshire	2.2
3	Rhode Island	2.3
4	Connecticut	2.5
5	New Mexico	3.0
6	West Virginia	3.0
7	New Jersey	3.0
8	Pennsylvania	3.1
9	Maine	3.3
10	New York	3.4
11	Texas	3.4
12	Delaware	3.4
13	Michigan	3.5
14	Hawaii	3.5
15	Virginia	3.5
16	Arizona	3.5
17	California	3.5
18	Minnesota	3.5
19	Wisconsin	3.5
20	Ohio	3.5
21	Iowa	3.5
22	Maryland	3.6
23	Indiana	3.7
24	Kentucky	3.7
25	Kansas	3.8
26	North Carolina	3.8
27	Colorado	3.8
28	Illinois	3.8
29	Florida	3.9
30	North Dakota	3.9
31	Missouri	3.9
32	Nebraska	3.9
33	Oklahoma	3.9
34	Louisiana	4.1
35	Tennessee	4.1
36	Alabama	4.1
37	South Carolina	4.1
38	Idaho	4.1
39	Georgia	4.3
40	Arkansas	4.4
41	Nevada	4.4
42	Washington	4.5
43	Utah	4.6
44	Alaska	4.9
45	Oregon	4.9
46	Mississippi	4.9
47	District of Columbia	4.9
48	South Dakota	5.0
49	Montana	5.4
	United States	3.6

Postneonatal Mortality Rate, White, 1987

Rank	State	Rate
1	Massachusetts	1.9
2	New Hampshire	2.2
3	Connecticut	2.2
4	New Jersey	2.3
5	Pennsylvania	2.3
6	Rhode Island	2.4
7	New York	2.7
8	Alabama	2.7
9	Illinois	2.8
10	West Virginia	2.9
11	Maryland	2.9
12	Louisiana	2.9
13	Florida	2.9
14	Virginia	3.0
15	Michigan	3.0
16	Ohio	3.0
17	Texas	3.1
18	New Mexico	3.1
19	South Carolina	3.2
20	Georgia	3.2
21	Arizona	3.3
22	North Carolina	3.3
23	Maine	3.3
24	Wisconsin	3.3
25	Missouri	3.3
26	Iowa	3.3
27	Tennessee	3.3
28	California	3.3
29	Minnesota	3.3
30	North Dakota	3.4
31	Indiana	3.4
32	Kansas	3.4
33	South Dakota	3.5
34	Nebraska	3.6
35	Arkansas	3.6
36	Kentucky	3.7
37	Colorado	3.8
38	Alaska	3.9
39	Mississippi	3.9
40	Oklahoma	4.0
41	Idaho	4.2
42	Washington	4.3
43	Nevada	4.5
44	Utah	4.6
45	Oregon	4.9
46	Montana	4.9
	United States	3.1

Postneonatal Mortality Rate, Black, 1987

Rank	State	Rate
1	Massachusetts	3.9
2	Virginia	5.2
3	North Carolina	5.3
4	Maryland	5.4
5	Texas	5.6
6	Michigan	5.6
7	District of Columbia	5.6
8	South Carolina	5.7
9	New York	5.9
10	Louisiana	5.9
11	Wisconsin	6.0
12	Mississippi	6.0
13	New Jersey	6.1
14	Georgia	6.3
15	Ohio	6.3
16	California	6.4
17	Tennessee	6.5
18	Indiana	6.5
19	Alabama	6.8
20	Florida	6.9
21	Arkansas	7.0
22	Missouri	7.0
23	Pennsylvania	7.3
24	Illinois	7.5
	United States	6.1

Postneonatal Mortality Rate, Nonwhite, 1987

Rank	State	Rate
1	Massachusetts	3.1
2	Hawaii	3.3
3	Oklahoma	3.8
4	California	4.2
5	Arizona	4.8
6	Virginia	4.8
7	Maryland	4.9
8	North Carolina	5.0
9	Texas	5.1
10	Wisconsin	5.1
11	District of Columbia	5.2
12	New York	5.2
13	Michigan	5.3
14	Minnesota	5.4
15	South Carolina	5.6
16	New Jersey	5.6
17	Louisiana	5.7
18	Washington	5.7
19	Ohio	6.0
20	Mississippi	6.0
21	Indiana	6.1
22	Georgia	6.1
23	Tennessee	6.4
24	Missouri	6.6
25	Florida	6.7
26	Pennsylvania	6.7
27	Alabama	6.7
28	Arkansas	6.7
29	Kansas	6.8
30	Illinois	6.8
	United States	5.4

Percentage of Infants Born at Low Birthweight, All Races, 1987

Rank	State	Percent
1	Alaska	4.8
2	North Dakota	4.9
3	New Hampshire	4.9
4	Minnesota	5.0
5	Iowa	5.1
6	South Dakota	5.2
7	Vermont	5.3
8	Washington	5.3
9	Maine	5.4
10	Oregon	5.4
11	Wisconsin	5.4
12	Nebraska	5.5
13	Montana	5.5
14	Idaho	5.6
15	Massachusetts	5.7
16	Utah	5.7
17	California	6.0
18	Rhode Island	6.0
19	Kansas	6.4
20	Arizona	6.4
21	Indiana	6.5
22	Ohio	6.6
23	Delaware	6.7
24	Connecticut	6.7
25	Oklahoma	6.7
26	Kentucky	6.8
27	Nevada	6.9
28	Pennsylvania	6.9
29	Virginia	6.9
30	Texas	6.9
31	New Jersey	7.0
32	Missouri	7.0
33	Hawaii	7.0
34	West Virginia	7.1
35	New Mexico	7.1
36	Michigan	7.2
37	Illinois	7.4
38	New York	7.6
39	Florida	7.7
40	Wyoming	7.7
41	Arkansas	7.7
42	Maryland	7.8
43	North Carolina	7.9
44	Colorado	7.9
45	Alabama	8.0
46	Tennessee	8.1
47	Georgia	8.2
48	South Carolina	8.6
49	Louisiana	8.7
50	Mississippi	9.0
51	District of Columbia	13.5
	United States	6.9

Percentage of Infants Born at Low Birthweight, White, 1987

Rank	State	Percent
1	Alaska	4.5
2	Minnesota	4.6
3	Wisconsin	4.7
4	North Dakota	4.8
5	Delaware	4.9
6	New Hampshire	4.9
7	Iowa	4.9
8	Washington	4.9
9	South Dakota	5.0
10	Nebraska	5.1
11	District of Columbia	5.1
12	Oregon	5.1
13	Massachusetts	5.1
14	Hawaii	5.2
15	California	5.2
16	Vermont	5.3
17	Maine	5.3
18	Rhode Island	5.4
19	Montana	5.4
20	New Jersey	5.4
21	Virginia	5.5
22	Illinois	5.5
23	Michigan	5.5
24	Maryland	5.5
25	Ohio	5.6
26	Idaho	5.6
27	Utah	5.6
28	Pennsylvania	5.6
29	Kansas	5.7
30	Connecticut	5.8
31	Indiana	5.8
32	Missouri	5.8
33	Alabama	5.9
34	Louisiana	6.0
35	Florida	6.0
36	New York	6.0
37	North Carolina	6.0
38	Nevada	6.0
39	Texas	6.0
40	South Carolina	6.1
41	Georgia	6.2
42	Oklahoma	6.2
43	Arizona	6.3
44	Mississippi	6.3
45	Arkansas	6.4
46	Kentucky	6.4
47	Tennessee	6.5
48	West Virginia	6.9
49	New Mexico	7.1
50	Colorado	7.5
51	Wyoming	7.7
	United States	5.7

Percentage of Infants Born at Low Birthweight, Black, 1987

Rank	State	Percent
1	Hawaii	8.4
2	Alaska	9.4
3	Washington	10.3
4	Iowa	10.6
5	Utah	10.6
6	Oklahoma	11.1
7	West Virginia	11.1
8	Kentucky	11.2
9	Massachusetts	11.4
10	Virginia	11.5
11	Rhode Island	11.8
12	Indiana	11.8
13	Arizona	11.8
14	Mississippi	12.0
15	Ohio	12.1
16	Arkansas	12.1
17	New Mexico	12.1
18	Alabama	12.2
19	Delaware	12.2
20	Georgia	12.2
21	Texas	12.3
22	North Carolina	12.4
23	Nebraska	12.4
24	California	12.4
25	Wisconsin	12.5
26	Kansas	12.5
27	South Carolina	12.6
28	Oregon	12.6
29	Nevada	12.7
30	Louisiana	12.7
31	Missouri	12.8
32	Maryland	12.8
33	Connecticut	12.8
34	New Jersey	13.0
35	New York	13.0
36	Florida	13.0
37	Minnesota	13.2
38	Tennessee	13.3
39	Illinois	13.9
40	Pennsylvania	14.0
41	Colorado	14.2
42	Michigan	14.3
43	District of Columbia	16.1
	United States	12.7

Percentage of Infants Born at Low Birthweight, Nonwhite, 1987

Rank	State	Percent
1	Alaska	5.4
2	North Dakota	5.6
3	Idaho	5.7
4	Montana	6.0
5	South Dakota	6.0
6	New Mexico	7.1
7	Arizona	7.5
8	Hawaii	7.6
9	Utah	7.6
10	Wyoming	7.9
11	Washington	8.0
12	Oklahoma	8.4
13	Oregon	8.4
14	Iowa	8.7
15	California	9.0
16	Minnesota	9.2
17	Massachusetts	9.9
18	Nebraska	10.1
19	West Virginia	10.4
20	Wisconsin	10.6
21	Nevada	10.8
22	Virginia	10.9
23	Kentucky	10.9
24	Rhode Island	11.0
25	Kansas	11.2
26	Indiana	11.3
27	Texas	11.5
28	Ohio	11.7
29	Mississippi	11.9
30	Arkansas	11.9
31	New York	11.9
32	North Carolina	11.9
33	Georgia	11.9
34	Delaware	12.0
35	Connecticut	12.0
36	Alabama	12.0
37	Colorado	12.0
38	Maryland	12.1
39	New Jersey	12.3
40	Missouri	12.3
41	Louisiana	12.4
42	South Carolina	12.4
43	Florida	12.6
44	Illinois	13.1
45	Tennessee	13.1
46	Pennsylvania	13.3
47	Michigan	13.7
48	District of Columbia	15.2
	United States	11.3

Percentage of Infants Born to Women Receiving Early Prenatal Care, All Races, 1987

Rank	State	Percent
1	Connecticut	85.7
2	Iowa	85.4
3	Rhode Island	83.8
4	Maine	83.5
5	New Hampshire	83.4
6	Wisconsin	83.3
7	Massachusetts	83.3
8	Nebraska	82.4
9	Utah	82.2
10	North Dakota	82.1
11	Ohio	81.9
12	Virginia	80.9
13	Michigan	80.8
14	Kansas	80.7
15	Maryland	80.5
16	New Jersey	80.5
17	Minnesota	80.4
18	Missouri	80.3
19	Wyoming	79.4
20	Vermont	79.0
21	Pennsylvania	78.6
22	Illinois	78.5
23	Indiana	77.9
24	Delaware	77.7
25	North Carolina	77.6
26	Colorado	77.4
27	Montana	77.2
28	Washington	77.1
29	Hawaii	76.8
30	Mississippi	76.5
31	Alaska	76.4
32	California	75.9
33	Kentucky	75.9
34	Tennessee	75.8
35	Louisiana	75.4
36	Idaho	74.9
37	South Dakota	74.3
38	Oregon	73.7
39	Alabama	73.6
40	Nevada	73.2
41	Oklahoma	73.0
42	Georgia	72.4
43	New York	71.4
44	West Virginia	70.3
45	Arizona	70.1
46	Florida	69.4
47	Arkansas	68.6
48	Texas	67.3
49	South Carolina	66.3
50	District of Columbia	60.5
51	New Mexico	56.4
	United States	76.0

Percentage of Infants Born to Women Receiving Early Prenatal Care, White, 1987

Rank	State	Percent
1	Connecticut	88.7
2	Maryland	86.6
3	District of Columbia	86.2
4	Wisconsin	86.1
5	Iowa	86.0
6	Rhode Island	85.9
7	Mississippi	85.5
8	Massachusetts	85.4
9	Virginia	85.2
10	New Jersey	84.7
11	Ohio	84.5
12	Louisiana	84.3
13	North Dakota	83.9
14	Nebraska	83.9
15	Maine	83.7
16	New Hampshire	83.6
17	North Carolina	83.6
18	Michigan	83.4
19	Utah	83.3
20	Delaware	83.0
21	Pennsylvania	83.0
22	Hawaii	82.9
23	Missouri	82.8
24	Illinois	82.7
25	Kansas	82.7
26	Minnesota	82.7
27	Alabama	81.2
28	Montana	80.3
29	Alaska	80.2
30	Indiana	80.2
31	Wyoming	80.1
32	Tennessee	79.5
33	Vermont	79.2
34	Washington	78.8
35	South Dakota	78.7
36	Georgia	78.5
37	Colorado	78.4
38	New York	77.8
39	Kentucky	77.5
40	Oklahoma	76.8
41	California	76.5
42	South Carolina	76.2
43	Nevada	75.6
44	Idaho	75.3
45	Florida	75.0
46	Oregon	74.4
47	Arkansas	74.1
48	Arizona	72.3
49	West Virginia	71.0
50	Texas	68.9
51	New Mexico	58.0
	United States	79.4

Percentage of Infants Born to Women Receiving Early Prenatal Care, Black, 1987

Rank	State	Percent
1	Hawaii	83.1
2	Montana	81.3
3	North Dakota	78.5
4	Maine	75.9
5	Alaska	74.9
6	New Hampshire	73.2
7	Idaho	71.6
8	Iowa	71.4
9	Wyoming	70.9
10	California	69.3
11	Michigan	69.3
12	South Dakota	68.5
13	Virginia	68.2
14	Missouri	67.8
15	Maryland	67.5
16	Ohio	67.3
17	Kansas	67.1
18	Nebraska	66.8
19	Mississippi	66.5
20	Massachusetts	66.5
21	Rhode Island	66.2
22	Connecticut	65.4
23	Colorado	65.4
24	Wisconsin	64.6
25	Utah	64.6
26	Illinois	64.4
27	North Carolina	64.0
28	Tennessee	63.6
29	New Jersey	63.5
30	Washington	63.5
31	Arizona	63.4
32	Louisiana	62.7
33	Oregon	62.0
34	Georgia	61.2
35	Kentucky	60.9
36	Delaware	60.5
37	Minnesota	59.1
38	Alabama	59.0
39	Oklahoma	58.8
40	Indiana	57.5
41	Texas	57.3
42	Nevada	56.6
43	District of Columbia	56.1
44	Pennsylvania	53.6
45	West Virginia	53.4
46	Florida	51.8
47	New York	50.7
48	South Carolina	50.5
49	Arkansas	50.4
50	New Mexico	48.0
	United States	61.1

Percentage of Infants Born to Women Receiving Early Prenatal Care, Nonwhite, 1987

Rank	State	Percent
1	Maine	74.8
2	Hawaii	74.7
3	New Hampshire	74.2
4	California	73.9
5	Iowa	72.7
6	Michigan	70.0
7	Virginia	69.3
8	Wyoming	68.9
9	Maryland	68.8
10	Alaska	68.6
11	Massachusetts	68.5
12	Missouri	68.4
13	Ohio	68.2
14	Connecticut	67.6
15	North Dakota	67.4
16	Rhode Island	67.3
17	Idaho	67.0
18	Nebraska	66.9
19	Colorado	66.9
20	Vermont	66.7
21	Mississippi	66.5
22	Kansas	66.4
23	Oregon	66.0
24	Illinois	66.0
25	Washington	65.8
26	New Jersey	65.6
27	Utah	64.8
28	North Carolina	64.7
29	Tennessee	64.1
30	Louisiana	63.0
31	Wisconsin	62.9
32	Nevada	62.6
33	Delaware	61.8
34	Kentucky	61.7
35	Georgia	61.6
36	Oklahoma	60.0
37	Indiana	59.4
38	Texas	59.3
39	Alabama	59.3
40	Arizona	58.1
41	Montana	57.8
42	West Virginia	55.6
43	Minnesota	55.4
44	District of Columbia	55.4
45	Pennsylvania	55.3
46	South Dakota	53.5
47	New York	53.3
48	Florida	52.9
49	South Carolina	50.9
50	Arkansas	50.8
51	New Mexico	49.4
	United States	63.4

Percentage of Infants Born to Women Receiving Late or No Prenatal Care, All Races, 1987

Rank	State	Percent
1	Iowa	2.6
2	Maine	2.8
3	North Dakota	3.0
4	Rhode Island	3.0
5	Massachusetts	3.1
6	Wisconsin	3.1
7	New Hampshire	3.1
8	Utah	3.2
9	Nebraska	3.4
10	Connecticut	3.4
11	Michigan	3.4
12	Ohio	3.5
13	Virginia	3.9
14	Maryland	4.0
15	Kansas	4.0
16	Mississippi	4.1
17	Missouri	4.2
18	Minnesota	4.3
19	Vermont	4.3
20	Wyoming	4.3
21	Alaska	4.6
22	Delaware	4.7
23	New Jersey	4.7
24	North Carolina	4.7
25	Illinois	4.7
26	Montana	4.8
27	Colorado	4.9
28	Washington	5.0
29	Indiana	5.0
30	Kentucky	5.1
31	Tennessee	5.6
32	Pennsylvania	5.6
33	Hawaii	5.6
34	California	5.7
35	South Dakota	5.8
36	Louisiana	6.2
37	Idaho	6.3
38	Alabama	6.3
39	Oregon	6.6
40	Oklahoma	6.6
41	Georgia	6.7
42	Nevada	7.0
43	West Virginia	7.2
44	Arkansas	7.4
45	Florida	8.5
46	South Carolina	9.0
47	Arizona	9.1
48	New York	10.4
49	District of Columbia	10.8
50	Texas	11.3
51	New Mexico	14.1
	United States	6.1

Percentage of Infants Born to Women Receiving Late or No Prenatal Care, White, 1987

Rank	State	Percent
1	Wisconsin	2.3
2	Mississippi	2.3
3	North Dakota	2.3
4	Iowa	2.4
5	Rhode Island	2.4
6	Maryland	2.4
7	Connecticut	2.4
8	Massachusetts	2.5
9	Michigan	2.6
10	Utah	2.7
11	Maine	2.7
12	Ohio	2.8
13	Virginia	2.9
14	Nebraska	3.0
15	District of Columbia	3.0
16	New Hampshire	3.0
17	North Carolina	3.1
18	Delaware	3.1
19	Minnesota	3.2
20	South Dakota	3.3
21	New Jersey	3.3
22	Alaska	3.4
23	Missouri	3.4
24	Kansas	3.4
25	Montana	3.5
26	Louisiana	3.5
27	Illinois	3.5
28	Hawaii	3.7
29	Pennsylvania	3.7
30	Wyoming	4.0
31	Vermont	4.2
32	Indiana	4.3
33	Alabama	4.4
34	Washington	4.4
35	Tennessee	4.5
36	Colorado	4.6
37	Kentucky	4.6
38	Georgia	5.1
39	Oklahoma	5.4
40	South Carolina	5.4
41	Arkansas	5.5
42	California	5.6
43	Nevada	6.1
44	Idaho	6.1
45	Oregon	6.4
46	Florida	6.7
47	West Virginia	6.8
48	New York	7.3
49	Arizona	8.3
50	Texas	10.9
51	New Mexico	13.4
	United States	5.0

Percentage of Infants Born to Women Receiving Late or No Prenatal Care, Black, 1987

Rank	State	Percent
1	Hawaii	3.5
2	Alaska	5.4
3	Mississippi	6.0
4	Michigan	6.7
5	Virginia	7.0
6	Maryland	7.2
7	California	7.3
8	Iowa	7.3
9	Missouri	7.7
10	Ohio	7.8
11	Massachusetts	7.8
12	Nebraska	7.8
13	Kansas	8.2
14	Colorado	8.3
15	North Carolina	8.5
16	Wisconsin	8.8
17	Illinois	8.9
18	Rhode Island	9.1
19	Tennessee	9.1
20	Kentucky	9.4
21	Connecticut	9.7
22	Delaware	9.7
23	Georgia	9.7
24	Washington	10.0
25	Louisiana	10.0
26	Alabama	10.1
27	New Jersey	10.2
28	Oregon	10.9
29	Oklahoma	11.1
30	Indiana	11.7
31	Arizona	11.8
32	District of Columbia	12.3
33	Minnesota	13.2
34	Arkansas	13.7
35	Nevada	13.9
36	Texas	14.0
37	Florida	14.3
38	South Carolina	14.8
39	West Virginia	15.1
40	Pennsylvania	16.4
41	New Mexico	18.8
42	New York	21.2
	United States	11.1

Percentage of Infants Born to Women Receiving Late or No Prenatal Care, Nonwhite, 1987

Rank	State	Percent
1	California	6.1
2	Mississippi	6.1
3	Hawaii	6.3
4	Michigan	6.5
5	Virginia	6.8
6	Maryland	6.9
7	Alaska	7.0
8	Massachusetts	7.1
9	Iowa	7.1
10	Ohio	7.5
11	Missouri	7.7
12	Nebraska	7.9
13	Colorado	8.1
14	Rhode Island	8.1
15	Kansas	8.3
16	North Carolina	8.3
17	Illinois	8.4
18	Wisconsin	8.9
19	Wyoming	8.9
20	Washington	8.9
21	Connecticut	9.0
22	Tennessee	9.0
23	Kentucky	9.1
24	North Dakota	9.2
25	Delaware	9.3
26	New Jersey	9.5
27	Georgia	9.6
28	Oregon	9.7
29	Louisiana	10.0
30	Alabama	10.0
31	Idaho	10.4
32	Oklahoma	10.8
33	Nevada	11.0
34	Indiana	11.0
35	Utah	11.4
36	District of Columbia	12.3
37	Montana	13.0
38	Texas	13.3
39	Arizona	13.3
40	Arkansas	13.5
41	Florida	14.0
42	West Virginia	14.1
43	South Carolina	14.6
44	Minnesota	15.3
45	Pennsylvania	15.6
46	South Dakota	17.4
47	New Mexico	17.4
48	New York	19.4
	United States	10.3

Percentage of Infants Born to Women Receiving Adequate Prenatal Care, All Races, 1987

Rank	State	Percent
1	Iowa	80.6
2	New Hampshire	79.8
3	Massachusetts	78.9
4	Wisconsin	78.6
5	Connecticut	78.3
6	Rhode Island	77.5
7	Nebraska	76.8
8	Michigan	76.6
9	Kansas	76.2
10	Ohio	75.7
11	Maryland	75.3
12	Maine	74.8
13	Missouri	74.2
14	North Carolina	73.8
15	Virginia	73.0
16	Utah	72.4
17	Minnesota	72.2
18	Wyoming	72.2
19	Indiana	72.0
20	New Jersey	72.0
21	Washington	71.7
22	Pennsylvania	71.5
23	Colorado	71.2
24	Mississippi	70.1
25	Delaware	69.9
26	Kentucky	69.7
27	Tennessee	69.2
28	Oregon	68.9
29	Montana	68.9
30	Illinois	68.8
31	Idaho	68.5
32	Alabama	67.6
33	Louisiana	67.0
34	Georgia	66.8
35	Alaska	66.5
36	Hawaii	65.8
37	Nevada	65.7
38	North Dakota	65.7
39	South Dakota	65.3
40	Oklahoma	65.2
41	Arizona	62.8
42	Florida	62.8
43	Vermont	62.6
44	West Virginia	62.1
45	Arkansas	61.4
46	New York	60.3
47	Texas	58.9
48	South Carolina	56.7
49	District of Columbia	50.3
50	New Mexico	48.8
	United States	68.7

Percentage of Infants Born to Women Receiving Adequate Prenatal Care, White, 1987

Rank	State	Percent
1	Connecticut	82.2
2	Maryland	82.2
3	Wisconsin	82.1
4	Iowa	81.4
5	Mississippi	81.4
6	Massachusetts	80.9
7	North Carolina	80.5
8	District of Columbia	80.1
9	New Hampshire	80.0
10	Rhode Island	79.7
11	Michigan	79.3
12	Ohio	78.6
13	Louisiana	78.6
14	Kansas	78.5
15	Nebraska	78.5
16	Virginia	77.9
17	Missouri	77.8
18	New Jersey	76.9
19	Alabama	76.8
20	Pennsylvania	76.0
21	Delaware	75.3
22	Hawaii	75.1
23	Illinois	75.1
24	Maine	75.0
25	Indiana	74.6
26	Minnesota	74.5
27	Tennessee	73.9
28	Washington	73.8
29	Georgia	73.8
30	Utah	73.6
31	Wyoming	73.3
32	Montana	73.2
33	Colorado	72.5
34	Kentucky	71.4
35	South Dakota	71.4
36	Alaska	71.2
37	Oklahoma	69.9
38	Oregon	69.8
39	Idaho	68.9
40	Florida	68.5
41	Nevada	68.3
42	Arkansas	68.0
43	North Dakota	67.6
44	New York	67.4
45	South Carolina	66.6
46	Arizona	65.3
47	West Virginia	62.9
48	Vermont	62.7
49	Texas	60.6
50	New Mexico	50.0
	United States	73.2

Percentage of Infants Born to Women Receiving Adequate Prenatal Care, Black, 1987

Rank	State	Percent
1	Hawaii	75.6
2	North Dakota	75.5
3	Montana	73.4
4	New Hampshire	67.5
5	Alaska	66.4
6	Michigan	65.1
7	Idaho	64.6
8	Maine	64.5
9	Wyoming	64.2
10	Iowa	62.9
11	Massachusetts	62.2
12	Kansas	60.4
13	Maryland	59.9
14	Nebraska	59.6
15	South Dakota	59.2
16	Virginia	59.1
17	Rhode Island	58.9
18	Ohio	58.7
19	North Carolina	58.4
20	Colorado	57.6
21	Mississippi	57.6
22	Missouri	56.3
23	Washington	54.9
24	Utah	54.1
25	Arizona	54.0
26	Tennessee	53.7
27	Georgia	53.7
28	Oregon	53.4
29	Kentucky	53.0
30	Delaware	52.5
31	Wisconsin	52.2
32	New Jersey	51.7
33	Connecticut	51.7
34	Louisiana	50.8
35	Minnesota	50.6
36	Alabama	49.3
37	Indiana	48.5
38	Oklahoma	48.4
39	Texas	47.8
40	Illinois	47.7
41	Nevada	47.7
42	District of Columbia	45.0
43	Florida	44.8
44	Pennsylvania	44.7
45	New Mexico	44.2
46	West Virginia	42.5
47	South Carolina	41.1
48	Arkansas	39.0
49	New York	37.4
	United States	50.7

Percentage of Infants Born to Women Receiving Adequate Prenatal Care, Nonwhite, 1987

Rank	State	Percent
1	New Hampshire	69.0
2	Michigan	65.8
3	Massachusetts	64.4
4	Maine	63.9
5	Iowa	63.4
6	Hawaii	62.7
7	Maryland	61.4
8	Rhode Island	59.7
9	Ohio	59.6
10	Virginia	59.6
11	Kansas	59.5
12	North Carolina	59.0
13	Idaho	58.9
14	Colorado	58.8
15	Nebraska	58.6
16	Oregon	58.5
17	Mississippi	57.6
18	Washington	57.5
19	Missouri	57.1
20	Alaska	56.8
21	Wyoming	54.6
22	Connecticut	54.3
23	Tennessee	54.3
24	Georgia	54.2
25	Nevada	54.1
26	New Jersey	54.0
27	Kentucky	53.7
28	Delaware	53.4
29	Wisconsin	52.2
30	Vermont	51.4
31	Louisiana	51.0
32	Utah	50.8
33	Indiana	50.5
34	Texas	50.0
35	Illinois	50.0
36	Alabama	49.6
37	Arizona	49.3
38	North Dakota	49.0
39	Oklahoma	48.8
40	Pennsylvania	46.2
41	Florida	45.9
42	Minnesota	45.6
43	West Virginia	44.8
44	District of Columbia	44.4
45	New Mexico	43.7
46	Montana	41.9
47	South Carolina	41.5
48	Arkansas	39.7
49	New York	39.7
50	South Dakota	36.5
	United States	51.9

Percentage of Infants Born to Women Receiving Inadequate Prenatal Care, All Races, 1987

Rank	State	Percent
1	Iowa	3.3
2	New Hampshire	3.5
3	Maine	3.6
4	Massachusetts	3.6
5	Rhode Island	3.6
6	Wisconsin	4.0
7	Michigan	4.2
8	Nebraska	4.3
9	Connecticut	4.6
10	Utah	4.8
11	Minnesota	4.9
12	Ohio	5.0
13	Kansas	5.1
14	Maryland	5.1
15	North Dakota	5.2
16	Virginia	5.6
17	Vermont	5.6
18	Wyoming	5.6
19	North Carolina	6.0
20	Delaware	6.0
21	Missouri	6.1
22	Washington	6.1
23	Mississippi	6.2
24	New Jersey	6.4
25	Colorado	6.6
26	Indiana	6.6
27	Montana	6.7
28	Kentucky	6.7
29	Illinois	7.1
30	Pennsylvania	7.1
31	Alaska	7.1
32	Idaho	7.5
33	Tennessee	7.7
34	Oregon	7.9
35	Hawaii	8.3
36	South Dakota	8.4
37	Georgia	8.6
38	Alabama	8.7
39	Oklahoma	8.9
40	Nevada	9.5
41	West Virginia	9.8
42	Louisiana	9.8
43	Arkansas	10.0
44	Florida	10.5
45	Arizona	11.6
46	South Carolina	12.0
47	New York	13.1
48	Texas	14.5
49	District of Columbia	15.3
50	New Mexico	15.9
	United States	8.1

Percentage of Infants Born to Women Receiving Inadequate Prenatal Care, White, 1987

Rank	State	Percent
1	Rhode Island	2.8
2	Wisconsin	2.8
3	Mississippi	2.9
4	Maryland	2.9
5	Massachusetts	2.9
6	Iowa	3.0
7	Michigan	3.2
8	Connecticut	3.2
9	New Hampshire	3.4
10	Maine	3.5
11	Nebraska	3.6
12	North Dakota	3.7
13	North Carolina	3.7
14	Minnesota	3.7
15	Ohio	3.8
16	Virginia	4.0
17	District of Columbia	4.0
18	Delaware	4.1
19	Utah	4.1
20	Kansas	4.2
21	New Jersey	4.4
22	Montana	4.4
23	South Dakota	4.4
24	Missouri	4.5
25	Illinois	4.8
26	Pennsylvania	4.8
27	Alaska	4.9
28	Wyoming	5.0
29	Louisiana	5.2
30	Washington	5.3
31	Hawaii	5.4
32	Alabama	5.5
33	Indiana	5.5
34	Vermont	5.5
35	Tennessee	5.9
36	Colorado	6.1
37	Kentucky	6.1
38	Georgia	6.2
39	Oklahoma	7.0
40	Arkansas	7.2
41	South Carolina	7.2
42	Idaho	7.3
43	Oregon	7.5
44	Florida	8.2
45	Nevada	8.2
46	New York	9.0
47	West Virginia	9.3
48	Arizona	10.4
49	Texas	13.9
50	New Mexico	15.0
	United States	6.2

Percentage of Infants Born to Women Receiving Inadequate Prenatal Care, Black, 1987

Rank	State	Percent
1	Hawaii	5.0
2	Michigan	8.2
3	Alaska	8.9
4	Massachusetts	9.7
5	Mississippi	9.7
6	Maryland	9.8
7	Virginia	10.1
8	Iowa	10.6
9	Kansas	11.0
10	North Carolina	11.1
11	Nebraska	11.1
12	Utah	11.5
13	Rhode Island	11.5
14	Ohio	11.8
15	Colorado	12.2
16	Delaware	12.3
17	Kentucky	12.7
18	Washington	13.1
19	Georgia	13.2
20	Wisconsin	13.3
21	Tennessee	13.6
22	Connecticut	13.7
23	Missouri	14.3
24	Oregon	14.6
25	Illinois	14.9
26	New Jersey	15.1
27	Alabama	15.1
28	Oklahoma	15.2
29	Minnesota	15.8
30	Arizona	15.8
31	Louisiana	16.1
32	Indiana	17.0
33	District of Columbia	17.7
34	Florida	17.9
35	Texas	18.5
36	Arkansas	19.6
37	Nevada	19.6
38	South Carolina	19.8
39	New Mexico	20.5
40	Pennsylvania	20.6
41	West Virginia	21.1
42	New York	27.2
	United States	15.7

Percentage of Infants Born to Women Receiving Inadequate Prenatal Care, Nonwhite, 1987

Rank	State	Percent
1	Michigan	8.0
2	Massachusetts	8.6
3	Hawaii	9.3
4	Maryland	9.4
5	Iowa	9.8
6	Mississippi	9.8
7	Virginia	9.9
8	Rhode Island	10.1
9	North Carolina	10.9
10	Kansas	11.2
11	Ohio	11.4
12	Colorado	11.4
13	Nebraska	11.6
14	Washington	11.7
15	Alaska	11.7
16	Delaware	11.8
17	Kentucky	12.2
18	Idaho	12.2
19	Connecticut	12.7
20	Oregon	12.8
21	Georgia	12.9
22	Wisconsin	13.0
23	Tennessee	13.4
24	Missouri	13.9
25	New Jersey	14.0
26	Illinois	14.0
27	Alabama	14.9
28	Utah	15.3
29	Oklahoma	15.4
30	Nevada	15.5
31	Wyoming	15.8
32	Indiana	16.0
33	Louisiana	16.1
34	Texas	17.5
35	District of Columbia	17.5
36	Florida	17.5
37	Arizona	17.8
38	North Dakota	17.8
39	Minnesota	18.4
40	Arkansas	19.2
41	South Carolina	19.6
42	Pennsylvania	19.6
43	West Virginia	19.8
44	New Mexico	19.8
45	Montana	20.8
46	New York	24.8
47	South Dakota	27.0
	United States	15.1

Percent of Infants Who Were Born to Women Under Age 20, All Races, 1987

Rank	State	Percent
1	Minnesota	7.5
2	North Dakota	7.6
3	New Hampshire	7.8
4	Vermont	8.0
5	Massachusetts	8.3
6	Connecticut	8.6
7	Nebraska	8.9
8	New Jersey	9.2
9	Iowa	9.3
10	Alaska	9.3
11	New York	9.4
12	Utah	9.5
13	Wisconsin	9.7
14	Hawaii	9.8
15	Rhode Island	9.8
16	Montana	10.1
17	South Dakota	10.4
18	Washington	10.4
19	Maine	10.6
20	Colorado	10.6
21	California	10.8
22	Pennsylvania	10.9
23	Idaho	11.1
24	Wyoming	11.2
25	Kansas	11.4
26	Virginia	11.4
27	Maryland	11.4
28	Oregon	11.4
29	Nevada	11.7
30	Michigan	12.3
31	Illinois	12.4
32	Ohio	13.2
33	Delaware	13.3
34	Missouri	13.3
35	Florida	13.5
36	Arizona	13.9
37	Indiana	13.9
38	Texas	15.0
39	New Mexico	15.3
40	North Carolina	15.7
41	Oklahoma	16.0
42	District of Columbia	16.3
43	South Carolina	16.4
44	Georgia	16.6
45	Tennessee	16.8
46	Louisiana	16.8
47	West Virginia	17.0
48	Kentucky	17.3
49	Alabama	17.4
50	Arkansas	18.8
51	Mississippi	20.1
	United States	12.4

Percent of Infants Who Were Born to Women Under Age 20, White, 1987

Rank	State	Percent
1	District of Columbia	2.5
2	New Jersey	5.9
3	Minnesota	6.3
4	North Dakota	6.3
5	Hawaii	6.6
6	Connecticut	6.6
7	Alaska	7.4
8	Massachusetts	7.5
9	Wisconsin	7.5
10	Maryland	7.5
11	New York	7.7
12	Nebraska	7.7
13	South Dakota	7.8
14	New Hampshire	7.8
15	Vermont	8.0
16	Montana	8.5
17	Illinois	8.6
18	Pennsylvania	8.8
19	Iowa	8.8
20	Rhode Island	8.9
21	Virginia	8.9
22	Utah	9.3
23	Delaware	9.3
24	Michigan	9.5
25	Washington	9.9
26	Kansas	10.0
27	Colorado	10.2
28	Nevada	10.3
29	Florida	10.4
30	Maine	10.6
31	California	10.6
32	Wyoming	10.7
33	Idaho	10.9
34	Ohio	11.1
35	Oregon	11.2
36	Missouri	11.3
37	North Carolina	12.2
38	Indiana	12.3
39	Louisiana	12.3
40	South Carolina	12.4
41	Georgia	13.1
42	Arizona	13.1
43	Alabama	13.6
44	Mississippi	13.6
45	Texas	14.0
46	Oklahoma	14.2
47	Tennessee	14.3
48	New Mexico	15.0
49	Arkansas	15.8
50	Kentucky	16.6
51	West Virginia	16.8
	United States	10.4

Percent of Infants Who Were Born to Women Under Age 20, Black, 1987

Rank	State	Percent
1	Hawaii	7.7
2	Alaska	11.5
3	Utah	15.4
4	New York	16.3
5	Massachusetts	17.1
6	Washington	17.5
7	Colorado	17.5
8	California	18.2
9	New Mexico	19.2
10	District of Columbia	19.6
11	Virginia	20.0
12	Rhode Island	20.3
13	Maryland	20.5
14	Oregon	21.0
15	Arizona	21.2
16	Connecticut	22.1
17	Texas	22.8
18	South Carolina	23.0
19	New Jersey	23.0
20	Iowa	23.3
21	Pennsylvania	23.3
22	Minnesota	23.4
23	Georgia	23.5
24	Florida	23.6
25	Nevada	23.6
26	Louisiana	23.7
27	Missouri	24.0
28	North Carolina	24.0
29	West Virginia	24.2
30	Oklahoma	24.2
31	Kansas	24.5
32	Alabama	24.9
33	Michigan	25.0
34	Nebraska	25.0
35	Kentucky	25.1
36	Ohio	25.1
37	Tennessee	25.3
38	Illinois	26.3
39	Delaware	26.3
40	Mississippi	27.6
41	Indiana	27.7
42	Arkansas	29.0
43	Wisconsin	30.4
	United States	22.6

Percent of Infants Who Were Born to Women Under Age 20, Nonwhite, 1987

Rank	State	Percent
1	Hawaii	10.8
2	Utah	11.7
3	California	11.8
4	Maine	12.0
5	Alaska	13.2
6	Washington	13.6
7	New York	14.2
8	Massachusetts	14.5
9	Colorado	14.7
10	Oregon	14.7
11	Idaho	14.9
12	New Mexico	16.7
13	Rhode Island	17.4
14	Nevada	17.8
15	Arizona	17.8
16	Virginia	18.2
17	Maryland	18.6
18	Iowa	18.8
19	North Dakota	18.9
20	District of Columbia	19.0
21	Wyoming	19.2
22	Minnesota	19.5
23	Montana	19.9
24	Connecticut	20.0
25	Texas	20.3
26	New Jersey	20.5
27	Kansas	21.3
28	Pennsylvania	21.6
29	West Virginia	22.1
30	Oklahoma	22.1
31	Nebraska	22.3
32	South Dakota	22.6
33	Florida	22.6
34	South Carolina	22.6
35	Georgia	22.9
36	Missouri	22.9
37	Louisiana	23.0
38	North Carolina	23.3
39	Michigan	23.4
40	Kentucky	23.5
41	Ohio	23.9
42	Illinois	23.9
43	Alabama	24.4
44	Tennessee	24.7
45	Delaware	24.9
46	Indiana	25.9
47	Wisconsin	26.2
48	Mississippi	27.2
49	Arkansas	28.1
	United States	19.6

Percentage of All Low-Birthweight Infants Born to Teen Mothers, Total, 1987

Rank	State	Percent
1	Alaska	9.8
2	South Dakota	10.3
3	Vermont	10.5
4	New Hampshire	11.2
5	Minnesota	11.5
6	North Dakota	11.5
7	Massachusetts	11.8
8	New York	12.6
9	Montana	12.6
10	Iowa	12.9
11	Washington	13.3
12	California	13.7
13	Hawaii	13.7
14	Oregon	13.7
15	Rhode Island	13.7
16	Connecticut	13.8
17	Nebraska	13.8
18	Utah	13.8
19	Maine	14.1
20	Wisconsin	14.4
21	Wyoming	14.7
22	New Jersey	14.8
23	Colorado	15.0
24	Idaho	15.1
25	Nevada	15.3
26	Pennsylvania	15.4
27	Maryland	16.2
28	Virginia	16.4
29	Michigan	16.9
30	Kansas	17.1
31	New Mexico	17.2
32	District of Columbia	17.2
33	Illinois	17.4
34	Florida	17.7
35	Missouri	18.0
36	Arizona	18.2
37	Ohio	18.4
38	Indiana	19.0
39	Texas	19.5
40	North Carolina	20.0
41	Delaware	20.5
42	Oklahoma	20.6
43	Georgia	21.5
44	South Carolina	21.6
45	Tennessee	21.9
46	West Virginia	21.9
47	Louisiana	22.6
48	Kentucky	22.8
49	Alabama	23.3
50	Arkansas	24.3
51	Mississippi	25.6
	United States	16.9

Percentage of All Low-Birthweight Infants Born to Teen Mothers, White, 1987

Rank	State	Percent
48	South Dakota	5.5
47	Oregon	6.1
46	Washington	6.3
45	Delaware	6.6
44	California	6.6
43	Minnesota	6.7
42	Wisconsin	6.7
41	Iowa	6.7
40	Vermont	6.9
39	Rhode Island	6.9
38	Maine	7.0
37	Massachusetts	7.1
36	New Hampshire	7.2
35	Illinois	7.5
34	Virginia	7.6
33	Missouri	7.6
32	Florida	7.6
31	Texas	7.7
30	Idaho	7.7
29	North Dakota	7.8
28	South Carolina	7.8
27	Michigan	7.8
26	Nebraska	7.8
25	Maryland	7.8
24	Alabama	7.8
23	Pennsylvania	7.9
22	New Mexico	7.9
21	Ohio	8.0
20	North Carolina	8.0
19	Indiana	8.1
18	Nevada	8.1
17	Utah	8.1
16	Kansas	8.2
15	Louisiana	8.2
14	Georgia	8.2
13	Mississippi	8.2
12	Oklahoma	8.3
11	New York	8.3
10	Montana	8.4
9	Arizona	8.4
8	Kentucky	8.5
7	Tennessee	8.7
6	West Virginia	8.8
5	New Jersey	8.8
4	Arkansas	8.8
3	Connecticut	9.5
2	Wyoming	10.5
1	Colorado	10.8
	United States	7.7

Percentage of All Low-Birthweight Infants Born to Teen Mothers, Black, 1987

Rank	State	Percent
1	Washington	11.2
2	Iowa	11.4
3	Wisconsin	11.4
4	Massachusetts	11.5
5	California	11.8
6	Nevada	11.8
7	Arkansas	12.0
8	Ohio	12.1
9	Oklahoma	12.1
10	Kentucky	12.2
11	Nebraska	12.4
12	North Carolina	12.4
13	Indiana	12.4
14	Arizona	13.0
15	New York	13.0
16	Connecticut	13.1
17	Virginia	13.1
18	Michigan	13.2
19	Mississippi	13.3
20	Georgia	13.3
21	Florida	13.4
22	Illinois	13.6
23	Pennsylvania	13.6
24	New Jersey	13.6
25	Maryland	13.7
26	Texas	13.7
27	Missouri	13.7
28	Alabama	13.9
29	Tennessee	14.0
30	Louisiana	14.2
31	Delaware	14.3
32	South Carolina	14.3
33	Rhode Island	14.7
34	Minnesota	14.8
35	West Virginia	14.8
36	District of Columbia	15.0
37	Colorado	15.3
38	Kansas	15.8
	United States	13.2

Percentage of All Low-Birthweight Infants Born to Teen Mothers, Nonwhite, 1987

Rank	State	Percent
1	New Mexico	8.4
2	Arizona	8.7
3	Washington	9.2
4	Oklahoma	9.4
5	Oregon	9.5
6	Hawaii	10.5
7	Wisconsin	10.8
8	Iowa	10.8
9	California	10.8
10	Nebraska	11.0
11	Nevada	11.4
12	Minnesota	11.5
13	Massachusetts	11.6
14	Indiana	11.9
15	Arkansas	12.0
16	Ohio	12.0
17	North Carolina	12.2
18	Kentucky	12.4
19	New York	12.8
20	Connecticut	13.1
21	Michigan	13.1
22	Virginia	13.2
23	Mississippi	13.2
24	Georgia	13.2
25	Florida	13.3
26	Illinois	13.5
27	Pennsylvania	13.5
28	Texas	13.6
29	Maryland	13.6
30	New Jersey	13.6
31	Missouri	13.7
32	Alabama	13.9
33	Colorado	13.9
34	Tennessee	14.0
35	Louisiana	14.2
36	South Carolina	14.2
37	Kansas	14.4
38	Delaware	14.4
39	West Virginia	14.5
40	District of Columbia	14.6
41	Rhode Island	14.6
	United States	12.7